



# Family Registration Form Adventure Campus

The goal of our ministry is to bless families and provide life-changing opportunities for people with disabilities. While we believe ministry should be fun, our primary goal is the safety, security and confidentiality of each child, while not losing sight of the importance of instilling the teachings of Jesus Christ.

### 1. FAMILY INFORMATION (Please complete one form per child with special needs) **Please print clearly**

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ M F

Child lives with: \_\_\_ both parents \_\_\_ mother \_\_\_ father other \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Father's name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Mother's name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Child's primary physician and phone number \_\_\_\_\_

Child's **primary diagnosis** and/or **health concerns/meds** we should be aware of: \_\_\_\_\_

Child's current grade in school: \_\_\_\_\_

Please list siblings of child who will also be attending Friday Night Kids Club:

1. \_\_\_\_\_ Birthdate \_\_\_\_\_ 2. \_\_\_\_\_ Birthdate \_\_\_\_\_

3. \_\_\_\_\_ Birthdate \_\_\_\_\_ 4. \_\_\_\_\_ Birthdate \_\_\_\_\_

### 2. EMERGENCY CONTACTS (other than doctor)

IN CASE OF AN EMERGENCY, THE FOLLOWING PERSONS MAY BE CALLED AND ARE AUTHORIZED TO PICK UP MY CHILD: (At least one contact required. Driver's License or Identification card must be provided before your child will be released).

1. Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Driver's License: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Driver's License: \_\_\_\_\_

### 3. CARE NEEDS:

VISION: Typical \_\_\_ Impaired \_\_\_, Please specify impairment \_\_\_\_\_

HEARING: Typical \_\_\_ Impaired \_\_\_ Deaf \_\_\_ Hearing Aid \_\_\_

MOTOR: \_\_\_ Head control \_\_\_ Rolls \_\_\_ over \_\_\_ Sits \_\_\_ Crawls \_\_\_ Walks

USES: \_\_\_ Walker \_\_\_ Crutches \_\_\_ Braces \_\_\_ Wheelchair

Please describe any special positioning or other needs your child may have: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Communicates Using: Words \_\_\_ Sign Language \_\_\_ Vocal Cues \_\_\_ Gestures \_\_\_ Device \_\_\_ PECS \_\_\_

Other (describe): \_\_\_\_\_

Understands 1-2 step directions: \_\_\_ All the time \_\_\_ Most of the time \_\_\_ Some of the time

**4. TOILETING SKILLS:** \_\_\_ Independent \_\_\_ Needs Assistance (Please specify need below)  
Diapers\_\_\_ Toilet training \_\_\_ Other\_\_\_\_\_

Frequency/Schedule: \_\_\_\_\_ How does your child communicate toileting needs? \_\_\_\_\_

**5. ALLERGIES:** (Drugs, Food, Other) \_\_\_\_\_

**6. EATING HABITS:** spoon\_\_\_ fork\_\_\_ hands\_\_\_ Needs assistance\_\_\_ (Please Specify)\_\_\_\_\_

Drinks from cup: Independent \_\_\_ with assistance\_\_\_; Dietary needs/restrictions: \_\_\_\_\_

**7. BEHAVIOR:** (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Shy                                      | <input type="checkbox"/> Outgoing                                    | <input type="checkbox"/> Is sometimes destructive   |
| <input type="checkbox"/> Plays alone                              | <input type="checkbox"/> Plays in group's                            | <input type="checkbox"/> Sometimes threatens others |
| <input type="checkbox"/> Adapts to new situations well            | <input type="checkbox"/> Sometimes hits, bites, or hurts self/others |   |
| <input type="checkbox"/> Adapts to new situations with difficulty | <input type="checkbox"/> Sometimes attempts to run away              |   |
| <input type="checkbox"/> Responds to correction well              | <input type="checkbox"/> Hyperactive and/or ADD                      |   |
| <input type="checkbox"/> Responds to correction with difficulty   | <input type="checkbox"/> Self injurious behavior                     |   |

Does your child have a Behavior Support Plan/IEP/504 Plan? \_\_\_ Are you willing to share any information that would help us help support your child's behavioral needs? \_\_\_ (please attach and documents you would like to share)

My child responds to separation from his/her parents by: \_\_\_\_\_

My child is best comforted by: \_\_\_\_\_

My child lets someone know what he/she wants or needs by: \_\_\_\_\_

What type of play activities does your child enjoy and/or participate in? \_\_\_\_\_

My child becomes upset when/or does not enjoy: \_\_\_\_\_

Additional comments: \_\_\_\_\_

#### **8. PERMISSION/AUTHORIZATION AGREEMENT**

*PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INITIAL IN THE DESIGNATED SPACE INDICATING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE PROVISIONS.*

\_\_\_\_\_ *I have fully disclosed to Bayside Church all pertinent facts about my child(ren)'s special needs and accept full responsibility for failure to do so.*

\_\_\_\_\_ *I will supply all needs for my child required communication devices, food, drinks, snacks, and toileting needs (diaper, wipes etc.)*

*I have read and initialed the above permission/authorization statements and agree to the terms designated in each:*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Parent or Guardian*

#### **PUBLICITY RELEASE**

*Friday Nite Kids Club is a respite care program designed to lessen the stress of families caring for children with special needs. Because we will try to reach as many families as possible, in the future, we may publicize the program through social/print media, radio or magazines. The use of your name, your child(ren)'s name or picture is strictly voluntary. If you want to participate in our effort to help other families learn about Friday Nite Kids Club in the future, complete this form and return it to us.*

*I DO / DO NOT give permission for my child(ren) to be photographed. The picture may be used for press releases, journal articles, or other positive publicity related to respite programs.*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Parent or Guardian*

**If you have any questions, please contact us, [specialneeds@baysideonline.com](mailto:specialneeds@baysideonline.com) or (916) 746-8697**

There are several methods for returning these forms:

- Drop off at Safe Harbor (room C-132) during any weekend service
- Drop off or mail to the Bayside offices at 8203 Sierra College Blvd., Roseville, 95661; M-F between 9am & 5pm

May God bless you JOYFULLY!