

Heart to Heart Ministry - GEFC Intake Form

Child's Information:

Name: _____ Child's Birthday: _____

Address: _____ City: _____ Zip Code: _____

Age: _____ Grade in School: _____ Name of School: _____

Weight: _____ Height: _____ Home Phone: _____

Father's Information:

Name: _____ Cell Phone: _____

E-mail: _____ Work Phone: _____

Address (if different than child's): _____

Mother's Information:

Name: _____ Cell Phone: _____

E-mail: _____ Work Phone: _____

Address (if different than child's): _____

Emergency Contact: Name: _____

Relationship to the Child: _____ Phone number: _____

Siblings Living at Home:

1. First and Last Name: _____ DOB: _____

2. First and Last Name: _____ DOB: _____

3. First and Last Name: _____ DOB: _____

4. First and Last Name: _____ DOB: _____

Heart to Heart Ministry - GEFC Family Profile

What is your child's understanding of God?

What are your child's past Sunday school/church experiences?

What are your child's strengths?

What special passions, interests and talents does your child have?

Do you see emotional challenges affecting your child? Explain:

Do you see social challenges affecting your child? Explain:

Any concerns you have while your child is in our care?

Child's Diagnosis – Briefly describe disability.

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What other needs should we be aware of?

Please explain activities, games or toys that your child enjoys.

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Health & Medical Information

Child's First & Last Name: _____

Any known allergies? If so, what are the reactions and Action Steps?

- 1.
- 2.
- 3.

Medical Concerns (seizures, g-tubes, positioning, epi-pen, etc):

Instructions for Caregiver (diapers, toileting routine, signs, follows schedule, etc):

Dietary & Feeding (independently, with assistance, g-tube, special utensils, etc.):

Mobility or Limitations:

Communication (non-verbal, verbal, signs, needs prompts, choices, gestures, etc.):

Additional Comments:

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Behavior Questions

Does your child demonstrate behavioral reactions (hits, runs away, throws objects, self abuse, etc.)?

What triggers this behavior?

How often does this occur?

Does this happen at home, school, with strangers, in public settings, etc.?

What works to de-escalate this behavior?

Are there positive reinforcements you recommend for your child?

Does your child have a specific behavior plan at school you would feel comfortable sharing with us?

Does your child have any fears that we should be aware of during their time with us?

It is rare that we would call a parent out of service during programming. However, there may be times when staff finds it necessary to do so. From your perspective, at what point do you want us to call you out of class or service to reassure your child?

I give my permission for this information to be shared with:

My child's Sunday School teacher(s) and the Children's Ministry Team Leader

Youth Group Leaders and the Youth Pastor

Compassionate Care Team's Special Needs Ministry Sub-Committee Members

Completed by : _____ **Date:** _____