

**Haven In-take form**

*Our church cares for each participant inside our family ministry. The following questions are asked for the benefit of your child, so that we may provide the best experience and safest environment for everyone involved. Our church leaders and ministry volunteers respect your families right to privacy. Any information shared on this form is restricted to those caring for your child and only on a “need to know basis”. Please help us better serve your child by providing the following information:*

**Childs Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_

**Mother’s name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Father’s name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Siblings Name** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Siblings Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Allergies/Food Sensitivities:**  Yes  No  
**Please explain:** \_\_\_\_\_

**Life threatening?**  Yes  No  
**Please explain:** \_\_\_\_\_

**Food/drinks to avoid:** \_\_\_\_\_

Assistance needed for eating/drinking?  No

Prone to seizures?  Yes  No

Other medical concerns:

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Toileting Needs:  Independent  With Assistance  wears diapers

Signs, gestures and or words that indicate toileting needs:

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Medication  Yes  No

Type and Purpose:

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Main mode of communication Verbal Visual supports Sign Language Digital Device

My child is independent with:

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My child need assistance with:

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My Child is uncomfortable with or has sensitivities to:

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Behavior concerns to be aware of:

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Trigger points for frustration/resistance

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Calming tools and aids:

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Behaviors that may communicate a specific need:

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Classroom situations you wish to be contacted about?

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My child loves to:

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Enjoys music? yes No Enjoys arts and crafts? yes No Outside play? yes No  
Writing? yes No Reading yes No

What age range buddy would you prefer to be with your child?

What classroom setting would be best suited for your child?

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Which service time would your family most likely be attending?

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Please describe your child's understanding of and relationship with God

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What are your goals for your child at church?

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Do you have any ideas for the church to better serve your family?

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