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INTAKE FORM

Concordia Lutheran Church cares for each child. These questions are asked for the benefit of your child and so that we may provide the best experience and safest environment for everyone involved. Our church and our children's ministry workers and volunteers respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your child and only on a "need to know" basis. Please answer the questions below that apply to your child and that may help our church best minister to your child.

Form completed by: _____

Are you members of Concordia? Yes No

Child

Full Name (nickname): _____

Male Female Date of Birth: ___ / ___ / ___ Age: _____

School: _____ Grade: _____

Mother/Guardian Name: _____

Father/Guardian Name: _____

Preferred phone number: _____

Preferred email address: _____

Preferred way to communicate: email text phone call (cell) phone call (home)

DIAGNOSIS

EDUCATIONAL AND/OR MEDICAL

My child has the following diagnosis, medical condition, or learning difference:

My child is prone to seizures: Yes No

My child's behavior may indicate a medical problem requiring immediate attention when:

My Child's Vision: Typical Impaired Blind

Explain if necessary: _____

My Child's Hearing: Typical Impaired Deaf Hearing Aid Cochlear Implant

Explain if necessary: _____

My Child's Gross-Motor: Head Control Rolls Over Sits Crawls Walks

Explain if necessary: _____

My child has the following allergies and/or food sensitivities:

My child requires the use of an EpiPen: Yes No

My child requires a special diet: Yes No

Explain if necessary: _____

Briefly describe your child's present-level of educational performance:

ADAPTIVE SKILLS AND ASSISTIVE TECHNOLOGY

My child can communicate with others using:

words phrases sentences babbles gestures AAC Device PECS ASL
other _____

My child can understand:

words phrases sentences gestures PECS ASL
other _____

Please list any assistive technology or occupational therapy aids your child currently uses

My child can feed self independently: Yes Yes, with accommodations No

Please list any feeding accommodations your child may require:

My child can toilet independently: Yes Yes, with accommodations No

Please list any toileting accommodations your child may require:

Please note that at this time, if your child is unable to feed themselves or toilet independently, one parent or guardian must remain in the building while your child participates in activities at Concordia Lutheran Church.

My child seems most relaxed in settings:

alone with a few children among many children

My child would enjoy a large group worship experience.

Yes No

BEHAVIOR

My child's strengths and talents:

My child's weaknesses:

The following strategies have worked well with my child during school:

The following strategies have not worked well with my child during school:

The best motivator for my child during programs:

The best way to redirect before a period of frustration:

A trigger-point for resistance, frustration, or behavioral problems may emerge for my child when:

If my child experiences a period of frustration, they calm when we:

WORSHIP AND YOUTH PROGRAMS

My family typically attends and/or would like to attend worship on:

Saturday: 5:00 pm

Sunday: 8:15 am 9:30 am 10:45 am

I am interested in the following youth programs for my child:

(Ages and grades are only guidelines. Our goal is to meet your child at their level.)

Early Childhood (2-year-olds through Kindergarten)

KidsMin Sunday VBS (3-Kindergarten)

Elementary (1st-5th Grade)

KidsMin Sunday Wednesday KidsNight Epic Tween Nights (4th/5th Graders)

Concordia Kids Camp (3rd-5th Graders) VBS

Junior Youth (6th-8th Grade)

Confirmation First Communion Concordia Kids Camp

Senior Youth (9th-12th Grade)

High School Connection Nights Small Groups

I think that my child would most benefit from:

full inclusion with accommodations *full inclusion with a "buddy"*

inclusion/buddy with self-contained option *alternate self-contained environment*

Do you know any other families with youth with special needs that are looking for a church home?

Yes No

If yes, please list their names and contact information in the space provided.

Name: _____

Phone: () _____ Email: _____

Name: _____

Phone: () _____ Email: _____

Would you be willing to act as a mentor family?

Yes No Not now, but possibly in the future

PERMISSION/AUTHORIZATION AGREEMENT

Please read the following statements fully and carefully and initial in the designated space. Doing so indicates that you have read and are in agreement with the statement.

_____ I have fully disclosed to Concordia Lutheran Church all pertinent facts regarding my child's special needs and I fully accept responsibility for failure to do so.

_____ I understand the nature of the programs and do hereby release Concordia Lutheran Church and its representatives from any liability due to accident or injury incurred by my child.

_____ I authorize Emergency Medical Services (EMS) to administer any medical treatment as deemed necessary in the event of an emergency. I authorize transportation to the nearest appropriate medical facility as deemed necessary by EMS and understand that I will be responsible for payment of all EMS, physician, and hospital charges incurred during the emergency medical services to my child.

_____ I will supply any food related to my child's restricted diet, as necessary.

_____ I authorize Concordia Lutheran Church to publish photos of my child without his/her name for promotional purposes only. (example: program brochure, Facebook page, etc.)

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

SIGNED: _____
(Parent or Guardian)

DATE: _____

