

Parent Questionnaire

Webster Groves Church of the Nazarene cares for each participant in our children's ministry programming. These 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 and our children's ministry workers respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your child. Please answer the below questions that apply to your child and that may help our church best minister to your child.

Form Completed by: _____

Date: _____

Participant Name: _____ DOB: _____ Parent

Contact: _____

Name: _____ Cell Phone: _____

Email: _____

Placement: _____

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

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

My child's main mode of functional communication is:

The goals I have for my child's development this coming year include (behavioral, social, academic, etc.):

My child has the following area(s) of interest:

My child can do these things independently:

My child needs assistance with:

My child is uncomfortable with or has an aversion to:

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

When/if my child experiences a period of frustration, he/she calms when we:

Doing/seeing/experiencing this one thing is an important part of my child's routine:

My child (circle one) **does/does not** enjoy music.

My child seems most relaxed in setting (circle one) **alone, with a few children, among many children.**

My child (circle one) **would/would not** enjoy a large group worship experience.

My child may be trying to communicate their need for (describe) _____

when he/she exhibits the following behavior: _____

My child is prone to seizures (circle one) **Yes/No.**

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

Other Information:

I have read this intake form and verify that the information is true.

Parent Signature Date

Interviewer/Church Representative Date

Participant Name: _____