



Champions Club Student Intake Form
950 Beacon Street, Brea Ca. 92821
Pastor Dave Duran
Director: Jessica Gurel

Parent Questionnaire for Children with Special Considerations

The Cause Community Church cares for each participant in children's ministry programming. 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 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 below questions that apply to your child and that may help our church best minister to your child. This form must be completed upon your child entering Champions Club on his/her first day. Also, on your child's first visit we ask that you accompany your child; this allows for you and your child to become acclimated to our program. Additional information such as a copy of your child's IEP would be very helpful.

Form Completed by:

Date:

Participant Name/ Date of birth:

Parent Contact information:

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:

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

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

My child is really picky about:

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 Signature/Church Representative

Date