



## Special Friend Intake Form

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Optional Cell Number for contact during service: \_\_\_\_\_

### Primary Diagnosis:

- |                          |                          |                          |                         |
|--------------------------|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Autism                   | <input type="checkbox"/> | Visually Impaired/Blind |
| <input type="checkbox"/> | Cerebral Palsy           | <input type="checkbox"/> | Mental Disability       |
| <input type="checkbox"/> | Seizure Disorder         |                          | Mild                    |
| <input type="checkbox"/> | Developmental Delays     |                          | Moderate                |
| <input type="checkbox"/> | Downs Syndrome           |                          | Severe                  |
| <input type="checkbox"/> | Head Injury/ Spinal Cord |                          | Profound                |
| <input type="checkbox"/> | Hearing Impaired/ Deaf   |                          |                         |
| <input type="checkbox"/> | Other                    |                          |                         |

### Medical Information

Does your child have any allergies? If yes, Please explain: \_\_\_\_\_  
 \_\_\_\_\_

Is your child sensitive to sounds or touch? \_\_\_\_\_

Does your child like to participate in large group? \_\_\_\_\_

### Social/Emotional Information

Describe your child's personality: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are his/her favorite activities toys or games? \_\_\_\_\_  
 \_\_\_\_\_

What does your child do when angry or frustrated? \_\_\_\_\_  
 \_\_\_\_\_

What type of intervention works best to calm your child? \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any challenges that may prevent him/her from participating in the large group worship or going outside on the playground? If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide us with any additional pertinent information that you think will help us in providing your child with a safe and exciting place to learn about Jesus. \_\_\_\_\_  
 \_\_\_\_\_

Please feel free to use the reverse side of the form for more information