



# Through The Roof

## Family Application Form

This application is for: \_\_\_\_\_ Date of application \_\_\_\_\_

FridayNite KidzKlub \_\_\_\_\_ Safe Harbor \_\_\_\_\_ or Include Me Club \_\_\_\_\_: Service Time \_\_\_\_\_

### I. FAMILY INFORMATION (One form per special needs child please)

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ M F

Child lives with: \_\_\_both parents \_\_\_mother \_\_\_father other \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone number \_\_\_\_\_ Email address \_\_\_\_\_

Father's name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Mother's name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Child's primary physician and phone number \_\_\_\_\_

Physician's address \_\_\_\_\_

Child's primary diagnosis and/or health concerns we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list siblings of child who will also be attending:

1. \_\_\_\_\_ Age \_\_\_\_\_ 2. \_\_\_\_\_ Age \_\_\_\_\_

3. \_\_\_\_\_ Age \_\_\_\_\_ 4. \_\_\_\_\_ Age \_\_\_\_\_

### II. EMERGENCY CONTACTS (other than doctor)

IN CASE OF AN EMERGENCY, THE FOLLOWING PERSONS MAY BE CALLED AND ARE AUTHORIZED TO PICK UP MY CHILD: (At least one contact must be provided. Positive identification must be provided before your child will be released.)

1. Name \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Relationship: \_\_\_\_\_

III. CARE NEEDS

VISION:  Typical  Impaired  Blind  
HEARING:  Typical  Impaired  Deaf  Hearing Aid  
MOTOR:  Head control  Rolls over  Sits  Crawls  Walks  
USES:  Walker  Crutches  Braces  Wheelchair

Please describe any special positioning needs your child may have: \_\_\_\_\_

CAN COMMUNICATE WITH OTHERS USING:

Speech:  Words  Phrases  Sentences  
 Babbles  Gestures  Sign Language  
 Other (describe): \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

CAN UNDERSTAND WHAT OTHERS SAY:  All the time  Most of the time  Some of the time  
 Recognizes voices of family members.

TOILETING SKILLS:

Toilets independently  Diapers:  Cloth  Disposable  
 Currently being potty trained  Potty trained, needs assistance  
 Requires catheterization Frequency/Schedule: \_\_\_\_\_

How does your child indicate a need to use the toilet? \_\_\_\_\_

Indicate special toileting needs/schedule: \_\_\_\_\_

EATING HABITS: Feeds self by using:  spoon  fork  hands  Requires feeding  
 Bottle fed Drinks from cup:  with assistance  by self

Eating Schedule: \_\_\_\_\_

Special Diet: \_\_\_\_\_

If your child is difficult to feed, please describe any special assistance or adaptive utensils required for eating: \_\_\_\_\_

ALLERGIES: (Drugs, Food, Other) \_\_\_\_\_

BEHAVIOR: (check all that apply)

Shy  Outgoing  Is sometimes destructive  
 Plays alone  Plays in groups  Sometimes threatens others  
 Adapts to new situations well  Sometimes hits, bites, or hurts self/others  
 Adapts to new situations with difficulty  Sometimes attempts to run away  
 Responds to correction well  Hyperactive and/or ADD  
 Responds to correction with difficulty

My child responds to separation from his/her parents by: \_\_\_\_\_

My child is best comforted by: \_\_\_\_\_

My child lets someone know what he/she wants or needs by: \_\_\_\_\_

What type of play activities does your child enjoy and/or participate in? \_\_\_\_\_

My child becomes upset when/or does not enjoy: \_\_\_\_\_

Additional comments: \_\_\_\_\_

IV. PERMISSION/AUTHORIZATION AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INITIAL IN THE DESIGNATED SPACE INDICATING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE PROVISIONS.

\_\_\_\_\_ I have fully disclosed to Bayside Church all pertinent facts about my child(ren)'s special needs and accept full responsibility for failure to do so.

\_\_\_\_\_ I will supply all required food, drinks, snacks, and diapers/wipes for my child(ren).

\_\_\_\_\_ In case of an emergency or accident, I understand that an EMS company (911) will be summoned. I authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services to my child.

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

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Parent or Guardian

V. PUBLICITY RELEASE

FridayNite KidzKlub is a respite care program designed to lessen the stress of families caring for children with special needs. Because we will try to reach as many families as possible, in the future, we may publicize the program through television, radio, and print media. The use of your name, your child(ren)'s name or picture is strictly voluntary. If you want to participate in our effort to help other families learn about FridayNite KidzKlub in the future, complete this form and return it to us.

I DO / DO NOT give permission for my child(ren) to be photographed. The picture may be used for press releases, journal articles, or other positive publicity related to respite programs.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Parent or Guardian

If you have any questions, please call Melynda Adragna at (916) 780-9433.

There are several methods for returning these forms:

- Fax to Bayside Church at 791-5052
- Drop off at the Through The Roof ministry table or Rainbow Room any Sunday
- Drop off at the Bayside Church offices, or
- Snail mail to Bayside offices at 8211 Sierra College Blvd., Ste. 440, Roseville, CA 95661

Thank you!