

Faith at Play
Faith Baptist Church, Princeton, TX
Respite Night Application

Name of Child: _____ Age: _____
Parent(s) Names: _____
Street Address: _____
City: _____ Zip Code: _____
Home Phone: _____ Cell Phone or Work Phone: _____
E-mail Address: _____
School: _____ Grade for 2007-2008 School Year: _____

Diagnosis of Child: _____

Medications: _____

Name of Preferred Physician: _____ Phone: _____

Allergies or Diet Restrictions: _____

Activities your child enjoys:

Snacks your child enjoys: _____

Activities (or sounds, situations, environments, etc.) that upset your child:

Is your child toilet-trained? _____
(Children need not be toilet trained to attend.)

If yes, how does your child indicate that they need to use the toilet?

If yes, what assistance (if any) does your child need with toileting?

How does your child communicate? (verbal, PECS, augmentative communication device, sign language, gestures, etc.)

Does your child have seizures? _____

If yes, what should Faith at Play volunteers do in case of a seizure?

Would your child require nursing services during Faith at Play time? _____

If yes, what services? _____

Does your child have a Behavior Intervention Plan at school? _____
(If yes, please attach a copy if you have one)

How do you address any challenging behaviors that your child may have?

Any other helpful information:

Parent Signature

Date