

ITOWNCHURCH

ITOWN Cares Family In-Take Form

Contact: kids@itownchurch.com

Name of applicant: _____ Birthdate: _____ Sex: M F Date _____

Parent/Caretaker: _____ Cell Phone: _____ - _____ - _____ Email: _____

Parent/Caretaker: _____ Cell Phone: _____ - _____ - _____ Email: _____

If Caretaker(s), relationship to applicant: _____ Language spoken at home: _____

Emergency contact (1 person who is familiar with habits and conditions):

Name: _____ Phone: _____ - _____ - _____ Relationship: _____

MEDICAL AND FUNCTIONAL HISTORY

Applicant's Primary Disability: _____

Current medications: None Type: _____

Medication Side Effects: _____

Visual Impairments: None Glasses Contacts Vision corrected with these aids: Yes No

Seizures: None Controlled Uncontrolled Frequency: _____

If seizures occur, please describe: _____

Respiratory problems: None Asthma Other: _____

Heart problems: None Type: _____

Need one-on-one assistance: No Yes For what activities: _____

Any other medical concerns: _____

Speech and Cognition

The applicant communicates in the following way(s):

Non-verbal but vocalizes Says words Talks in sentences but may be difficult to understand

Talks in sentences and is easy to understand Uses a communication board

Uses computers – assisted device Sign language

Hearing problems: None Uses hearing aid Uses sign language Cochlear implant

Any particular or unique signs or phrases the applicant uses: _____

Speech and Cognition Continued

Following Directions

- Is unable to follow directions Follows simple one-step directions Follows two-step directions
- Has no difficulty following directions Other: _____

Does the applicant read: No Yes What level: _____

Most Recent School Placement: _____

Sounds/sensitivities: Likes noise Sound sensitive Explain: _____

Mobility

- Walks independently Uses a wheelchair
- Uses a different assistive device Type of device: _____
- Falls on occasion Under what circumstances: _____
- List any special positioning needs or mobility issues: _____

Nutrition

- Food Allergies: No Yes Type: _____
- Special food issues: Liquid diet Soft diet None Other: _____
- Difficulty swallowing: No Yes Tendency to choke
- Other dietary restrictions: _____

Food preferences (See last page for ingredients):

- Animal Crackers Rice Chex Goldfish

Activities of Daily Living

- Toileting: Independent Wears diapers/Pull-Ups Requires assistance Type: _____
- Feeding: Feeds self Requires Assistance Type: _____

What signs do the applicant display when needing to use the restroom?

Social/Behavioral

Behavioral tendencies (check all that apply)

- Temper tantrums Running away Yelling Biting Aggression Hitting Pushing
- Refuses to follow directions Aversion to touch Screaming Self-harm
- Other: _____

How do you handle this/these behavior(s)? _____

What things or activities does the applicant like? _____

Social/Behavioral Continued

What things or activities does the applicant dislike? _____

What things or activities motivate the applicant? _____

What signs does the applicant display when upset? _____

What signs does the applicant display when needing to use the restroom? _____

What things help the applicant feel better? _____

We should contact you if: _____

Please provide any other information you feel is pertinent: _____

Snack Ingredients:

Animal Crackers: Enriched flour, (wheat flour, niacin, reduced iron, thiamine mononitrate [vitamin b], riboflavin [vitamin b], folic acid), sugar, soybean oil, invert, sugar, salt, baking soda (for leavening), soy lecithin, natural flavor, spice.

Contains: wheat and soy May contain: peanuts and coconut

Rice Chex: whole grain rice, rice, sugar, salt, molasses, vitamin e, (mixed tocopherols) added to preserve freshness, calcium carbonate, iron and zinc (mineral nutrients), vitamin c (sodium ascorbate), a b vitamin (niacinamide), vitamin b6 (pyridoxine hydrochloride), vitamin b1 (thiamin mononitrate), vitamin a (palmitate), vitamin b2 (riboflavin), a b vitamin (folic acid), vitamin b12, vitamin d3.

Goldfish: enriched wheat flour (wheat flour, niacin, reduced iron, thiamine mononitrate, folic acid), cheddar cheese ([cultured milk, salt enzyme], annatto), canola and/or sunflower oils, contain 2% or less of: salt, yeast, sugar, autolyzed yeast, baking soda, monocalcium phosphate, ammonium bicarbonate, paprika, spices (celery), dehydrated onions **Contains: wheat and milk**

ITOWNCHURCH

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

Please print all answers legibly. Do not leave any blanks. If the answer is none, then write "none" in the space provided.

Name of child to be enrolled: _____

Parent/Legal Guardian of child: _____

Address: _____

City/State: _____ Zip: _____

Email address: _____

Phone (Home): _____ - _____ - _____ Phone (Work): _____ - _____ - _____

Emergency contact: _____ Relationship: _____

Phone: _____ - _____ - _____ Secondary phone: _____ - _____ - _____

1. I am aware of the physical risks my child faces due to his/her mental and/or physical condition. I understand that the actions of my child cannot be controlled at all times.
2. I hereby certify that I am at least eighteen (18) years of age and legally competent to sign the waiver on behalf of my child.
3. I understand that ITOWN Church will not allow me to enroll my child in their ministry unless I sign this agreement. I agree that my signing of this agreement is entirely voluntary.
4. I understand the terms of this agreement are contractual and legally binding on me. I understand this agreement is binding not only to me, but also on my respective representative heirs, estates, beneficiaries, successors, and assigns.
5. I hereby certify that my child is able to enroll in ministry care through the ITOWN Cares program. I acknowledge that I am not aware of any condition or limitation that would prevent my enrolling of my child in the ITOWN Cares program.
6. I personally assume all risk in connection with my enrolling of my child in the ITOWN Cares program for any harm, injury, or damages that may befall my child/ward as a result of my enrolling my child in the ITOWN Cares program, whether foreseen or unforeseen, and I still wish to enroll my child in the ITOWN Cares program. This release covers any loss, damage, or injury caused by:
 - a. Any criminal, illegal, or unauthorized acts of third parties;

- b. Any injury that may occur due to the actions of one of the minors enrolled in the ITOWN Cares program;
 - c. Any injury that may occur due to my child by a volunteer or employee during their service in the ITOWN Cares program;
 - d. Any assault that may occur by one of the minors enrolled in the ITOWN Cares program;
 - e. Any conditions, developments, actions, or omissions outside of the control of the ITOWN Cares program;
 - f. Any other expected or unexpected conditions, developments, or risks connected with volunteer service for minors with special needs, even if I suffer the loss of money, property, health, or life, and irrespective of who is or may be at fault, or whose negligence, including the negligence of ITOWN Church, may have caused loss, injury, or death.
7. If my child is injured or needs medical attention while enrolled and/or volunteering through the ITOWN Cares program, I give ITOWN Church, its employees and volunteers, permission to seek medical diagnosis and treatment which in their best judgement they deem to be necessary or appropriate under the circumstances.
 8. By signing this document, I acknowledge that if anyone is hurt or property is damaged while my Child is enrolled in the ITOWN Cares program, I may be found by a court of law to have waived my right to maintain a lawsuit against ITOWN Church on the basis of any claim from which I have released them herein.
 9. I agree that if any portion of this agreement is found to be void or unenforcable, the remaining portions shall remain in full force and effect.
 10. This agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing.
 11. I consent to the use of my and/or my Child's photograph, likeness, image, voice, or performance on the ITOWN Church internet website, video tape or film clips, advertisements or other official ITOWN Church publications at the sole discretion of ITOWN Church and to be used in whole or in part of any and all broadcasting, audio/visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world.
 12. I have fully informed myself of the contents of this WAIVER OF LIABILITY AND ASSUMPTION OF RISK by reading it before I signed it.

Parent or Guardian: I represent that I am the parent and/or legal guardian of the above mentioned Minor Child. I agree that I shall be bound by the above Agreement.

Person completeing this form:

Relationship to applicant:

By signing below you are agreeing to give your consent for emergency medical treatment if we are unable to contact you.

Parent/Caregiver Signgnature: _____ Date: _____

ITOWNCHURCH

ITOWN Cares Parent Information Sheet

ITOWN Cares exists to share the love of Christ by assisting individuals needing special accommodations and their families to become full participants and contributors in the body of Christ.

- Each Sunday, the Children’s Director for my campus will decide the level of integration (full or partial) for my child depending on ITOWN Cares Go Team availability and classroom dynamics.
- Children age three (3) and under will have their diaper changed during service. Children age four (4) and over, that wear diapers, will only be changed if they are soiled.
- I will be paged out of service if my child is sick, bleeding, or hurting him/herself or others. If I am being paged, I will answer in a timely manner.
- If my child is medically fragile or has a history of seizures, I will meet with the Children’s Director to develop medical protocol to be implemented while my child is in the ITOWN Cares program.
- ITOWN Cares volunteers will not perform medical procedures on children or give medication to children.
- I will not bring my child if they are contagious, have had a fever of 99 degrees or higher, vomited, or had diarrhea 24 hours prior to service.
- ITOWN Cares is made up of volunteers who are trained but are not trained professionals.
- If my child starts displaying behaviors that are not appropriate, I will meet with the Children’s Director to discuss the behavior and develop a behavior plan, if necessary.
- If my child becomes independent in his/his classroom and no longer needs an ITOWN Cares program volunteer, the Children’s Director will set up a meeting to discuss fading my child’s ITOWN Cares program support.
- My child has/has not (circle one) shown aggression toward adults and/or other children.

Parent/Guardian signature

Date

Name of child

New family

Update family profile

Which service would you like your child to attend?

10am – Age 0 – 5th Grade 11:30am – 6th Grade – Age 22