

# Respite Event Registration Form

*Please complete one form for each child with a disability.*



**Avondale Baptist Church**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender M F

Child lives with: mother \_\_\_\_\_ father \_\_\_\_\_ other: \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Father's name \_\_\_\_\_ Phone # \_\_\_\_\_

Address (if different than above)

\_\_\_\_\_

Mother's name \_\_\_\_\_ Phone # \_\_\_\_\_

Address (if different than above)

\_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

What is your child's diagnosis? What health concerns should we be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does your child have seizures?**      Yes    No

If yes, what should be done if your child has a seizure during the respite event?

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**Please describe your child's food allergies, if any.**

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**IF YOUR CHILD HAS FOOD ALLERGIES, PLEASE BRING A SNACK FOR YOUR CHILD AND CHECK IT IN WITH THE NURSE WHEN YOU ARRIVE.**

**Under what circumstances would you like to be notified during the respite event?**

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**Please check the appropriate boxes below to describe your child.**

<b>VISION</b>	Normal _____	Partial _____	Impaired __	Blind _____	
<b>HEARING</b>	Normal _____	Partial _____	Impaired __	Deaf _____	Hearing Aid _____
<b>MOTOR</b>	Head Control _____	Rolls Over _____	Sits _____	Crawls _____	Walks _____
<b>USES</b>	Walker _____	Crutches __	Braces _____	Wheelchair _____	

**What sensory needs does your child have?**

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**Does your child have any special toileting/self-care needs?**

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**What sorts of things upset your child?**

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**What activities help to calm your child if he/she is upset?**

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**What behavior and/or learning strategies work best with your child at school?**

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**Is there additional information you would like our volunteers to know about your child such as personality traits, behaviors, likes and dislikes, etc?**

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**Does your family attend a church in the community?**      Yes    No  
If so, which one?

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**Aside from parents, please list other person(s) authorized to pick up your child(ren).** (Please note, any person(s) authorized to pick up your child(ren) must be at least 18 years old.)

1. 

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2. 

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**Please list your child's siblings who will also be attending: \*\***

- 1. Name \_\_\_\_\_ Age \_\_\_\_\_
- 2. Name \_\_\_\_\_ Age \_\_\_\_\_
- 3. Name \_\_\_\_\_ Age \_\_\_\_\_
- 4. Name \_\_\_\_\_ Age \_\_\_\_\_

**\*\*Please list any additional needs of the sibling(s).**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**PHOTO RELEASE:**

I give permission to use pictures of my child(ren) in publications, newsletters, and on the [\[Avondale Baptist Church\]](#) website:    Yes    No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

