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**Registration/Questionnaire for Families of Children**

**Cowboy Church Autism Bible Camp (CCABC) – AGES 1-18**

**Bi-Monthly Starting: Sunday, July 25th, 3:00-4:30 p.m.**

***Please help us better understand your child with individual needs.***

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ M F

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

Father’s/Guardian’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s/Guardian’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our Family Plans to attend: \_\_\_\_\_ Total # of attendees from your family**

\_\_\_\_Bi-Monthly starting Sun., July 25th at 3:00-4:30 p.m. \_\_\_\_Occasionally/sporadically

**Child’s primary** **health concerns/diagnosis/medication** we should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CARE NEEDS (to be placed on name tags by CCABC staff/volunteer):**

Please describe any medical, food or drug allergies, or special care needs your child may have that volunteers should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FOOD/DIETARY NEEDS:**

Is your child allowed to eat snacks provided by the program (ie. Goldfish crackers, Cheerios, popcorn, candy)?: \_\_\_Yes \_\_\_No

Parent/Guardian will provide special treat to accommodate special diet: \_\_\_Yes \_\_\_No

**TYPE OF ASSISTANCE THAT WOULD BE MOST BENEFICIAL FOR YOUR CHILD’S CARE DURING CCABC:**

\_\_\_\_\_ **Station Assistant** (volunteers will oversee multiple kids in a room, and at a station. Your child could benefit from basic help with attention, redirection, sensory or social needs)

\_\_\_\_\_ **No extra assistance required.** I just want you to be aware.

\_\_\_\_\_ **Side-by-Side/Personal Care Assistant** (one-on-one care provided by care-giver or parent/guardian on site to assist in ways unique to the individual child’s needs)

**CAN COMMUNICATE WITH OTHERS USING:** Speech: \_\_\_Words \_\_\_\_Phrases \_\_\_Sentences \_\_\_ Babbles \_\_\_\_Gestures \_\_\_\_Sign Language \_\_\_\_Communication Device \_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 \_\_\_Requires parent/guardian/aid assistance

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

**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 \_\_\_Has difficulty with transitions

\_\_\_Has difficulty sitting in a group \_\_\_Has unpredictable vocalizations

 \_\_\_Has difficultly attending \_\_\_ At times exhibits vocalizations or verbal outbursts

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

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

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

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

My child’s interests are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My child’s strengths are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My child’s gifts/talents are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

My child’s dreams are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any additional concerns not already addressed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 understand that a parent, guardian or care assistant will be available on site for assistance as needed throughout the entire program and actively participate in the overall programming.*

*\_\_\_\_\_\_\_I have fully disclosed to the Cowboy Church all pertinent facts about my child’s special needs and accept full responsibility for missing information.*

*\_\_\_\_\_\_\_I release this information to be shared with relevant staff/volunteers who will be working with my child.*

*\_\_\_\_\_\_\_I will remain on site at the Cowboy Church during the time my child is participating in kids programming.*

*\_\_\_\_\_\_\_I understand the assistance offered is station or room related where volunteers will come alongside the kids to be part of the current kids’ programming and participate to their personal potential.*

*\_\_\_\_\_\_\_I understand volunteers are not professionals, and that in some cases, they may not be able to meet the needs necessary for my child to participate, and if that is so, I will be communicated with. If necessary, I understand the Cowboy Church right to refuse this service if the church cannot provide the resources needed for success.*

*\_\_\_\_\_\_\_I will supply special food, drinks, snacks, and supplies for my child as necessary.*

*\_\_\_\_\_\_\_I understand the nature of the program and do hereby release the Cowboy Church and its representatives from any liability due to accident or injury incurred by my child on premise.*

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

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Parent or Guardian***

**Please sign and send by Wednesday, July 25th, 5:00 p.m.:**

**Email: lindapenrose@cowboychurch.org**

**Mail: 17525 Highway 65 NE, Ham Lake, MN 55304**