

# Children's Ministry Intake Form

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Caretaker: \_\_\_\_\_ Siblings: \_\_\_\_\_

Custody Concerns: \_\_\_\_\_

Cell phone # for Emergencies During Programming \_\_\_\_\_

## Special Considerations

My child has the following diagnosis, medical condition, or learning difference: \_\_\_\_\_

My child has the following allergies and/or food sensitivities: \_\_\_\_\_

My child needs assistance with: \_\_\_\_\_

Please provide us with any additional information that would make you feel comfortable as we work with your child:

\_\_\_\_\_

## Relational Information

What are your child's strengths? \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

When my child gets upset, he/she will: \_\_\_\_\_

The best way to calm my child is: \_\_\_\_\_

If your child needs to be redirected, what strategies do you suggest? \_\_\_\_\_

Is there any other information that you would like to provide to assist our teachers and caregivers as they teach and point your children to Jesus?

\_\_\_\_\_

\_\_\_\_\_

*This form will be discreetly shared with the church staff and volunteers who work specifically with your child.*

