



FAITH FAMILY CHURCH

Champion's Club Application

Date _____

Service Time: Sat 6pm _____
Sun 8:30am _____
Sun 10:30am _____
Wed 7pm _____

Child's Name: _____
(First) (Middle) (Last)

Date of Birth (MM/DD/YYYY): _____

Gender: Male Female

Child's Diagnosis: _____

Is Child: Verbal / Nonverbal **Language Spoken** _____ **Language understood** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code** _____ **Home Phone:** _____

Does your Child have any siblings: Yes No **Child lives with:** Mother / Father / Both Parents / Guardian

Mother's Name: _____

Father's Name: _____

Cell Phone Number: _____

Cell Phone Number: _____

Guardian's Name (if applicable): _____

Cell Phone Number: _____

Emergency Information

Persons to contact if parent/guardian cannot be reached		
Full Name	Relationship	Cell Phone Number

List medication currently prescribed by your child's doctor:

Health Conditions (circle all applicable)

Asthma Diabetes Epilepsy Brain Injury Hearing Impaired Vision Impaired

Other (specify): _____

Dietary Restrictitons: _____

Food Allergies: _____

Medicine Allergies: _____

Other Allergies: _____

Developmental Level (please indicate best estimate) Education Information

Physical	Cognitive	Emotional	Social
<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low

Is your child enrolled in school: Yes No
Grade Level _____
Does your child receive Special Education Services: Yes No

Behavior Information

Problem Behaviors	Consequences & Discipline Plan	Reinforces & Reward System
<input type="radio"/> Runs Away <input type="radio"/> Scream/Yells <input type="radio"/> Uses Profanity <input type="radio"/> Touches others inappropriately <input type="radio"/> Aggressive to Self(scratches, hits, bites, pulls hair) <input type="radio"/> Aggressive to others <input type="radio"/> Others (specify) _____	<input type="radio"/> I do not have a discipline plan <input type="radio"/> Redirect <input type="radio"/> Time Out <input type="radio"/> Loss of Privileges <input type="radio"/> Spanking <input type="radio"/> Loss of Items (toys, games, TV, computer) <input type="radio"/> Others (specify) _____ _____	<input type="radio"/> Praise <input type="radio"/> Food <input type="radio"/> Books/Toys/ Games <input type="radio"/> Privileges <input type="radio"/> Tangible Reward (stickers, wristbands) <input type="radio"/> Others(specify) _____ _____ _____

What Calms your child?

Other Information

Does your child need diaper change? Yes/ No (if yes please provide the necessary supplies)

Diapering Instructions:

Please provide any additional information that would assist us in caring for your child:
