



Child Intake Form

CHILD INFORMATION

Child Name: _____

Nickname: _____ Date of Birth: ___/___/___

Age: _____ Grade Level: _____ Social Age Development: _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian Name: _____

Relationship to Child: _____ Email: _____

Cell: _____

Parent/Legal Guardian Name: _____

Relationship to Child: _____ Email: _____

Cell: _____

Location of the service you attend: Sanctuary Community Life Center Café

What is your child's disability or specific need? _____

Severity of disability: Mild Moderate Severe

Speech: Non-verbal Vocalizes some words Talks in sentences Uses communication device such as iPad

Hearing Impairment: None Uses hearing aid Uses ASL Deaf

Behavioral Tendencies: Temper tantrums Running away Yelling Biting Aversion to touch

Hitting Separation anxiety Sensitivity to light Sensitivity to loud noise Dislike of large groups

Difficulty following directions Transition Other: _____

Recommendations to best handle these behaviors: _____

List any behavioral triggers or concerns we should be aware of: _____

What are your child's likes or preferred activities? _____

What are your child's fears, dislikes or non-preferred activities? _____

Enjoys music: Yes No Enjoys large group setting: Yes No

Best way to encourage him/her: _____

Best way to keep his/her attention: _____

My child would be receptive to a volunteer “buddy” while at Crosspoint Kids: Yes No

If yes, please specify characteristics that would help with this relationship (i.e. gender, age, etc.): _____

We should contact you if: _____

Please tell us anything else important that we should know: _____

I am willing to be present to help transition our child to the program: Yes No

I give Crosspoint permission to photograph my child and display these photographs either in the building, on the Crosspoint website and/or on the Crosspoint Kids Facebook page: Yes No

Parent/Legal Guardian Name (PRINT): _____

Parent/Legal Guardian Signature: _____

I give my consent that information on this form may be communicated to the Crosspoint Kids staff and volunteers to equip them to provide the best care and assistance possible for my child.

I release Crosspoint, its employees and volunteers from all actions, damages, or personal injuries which may occur to me or a member of my family. I understand that in the event of a minor injury, my child may receive first aid treatment. In the event of an emergency, I will be informed as so as possible of the condition of my child and will then be responsible for their care. In the event of an emergency, injury or illness, emergency medical services and I will decide the best course of action. If the program leaders are unable to reach me, I authorize them to take whatever action is necessary for the safety and health of my child.