

BOUNDLESS Special Needs Ministry Family Application

Eligibility for North Side Baptist Church's special needs program is valid for one year only.

New applications must be submitted each year.

*Please return completed application to North Side Baptist Church, 910 North Main Street,
Weatherford, TX 76086 or fax to 817-599-7741*

Please choose the ministry area for which you are applying:

_____ **BOUNDLESS**

_____ **REVIVE**

Child's Name _____

Dad/Cell # _____

Mom/Cell # _____

Age _____

Date of Birth _____

Parent's Name _____

Home phone _____

Address _____

E-mail _____

School attending _____

Siblings

Name

Date of Birth

Hobbies/Interests

Please describe your child's challenges or diagnosis that qualifies him/her for this program:

What challenges does your special needs child present that are an obstacle when trying to find a baby-sitter?

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Please complete the following with your special needs child in mind:

My child enjoys:

Please don't ask my child to:

My child participates more when:

My child needs encouragement to:

Please describe your child's toileting skills:

Please describe eating restrictions or special requests:

Please note any sleeping habits or self-soothing behaviors:

Please describe any difficulties your child may have in expressing him/herself:

Please describe any difficulties your child may have in understanding language:

My child is best comforted by:

My child will prefer to let you know his/her needs by:

Please tell us about any adaptive equipment your child uses:

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Please tell us about any computer software that your child prefers or needs:

Please indicate any of the following behaviors that your child may demonstrate:

- outgoing
- shy
- plays in groups
- prefers to play alone
- has a hard time with transitions or new situations
- sometimes destructive
- sometimes hits, bites, or otherwise hurts others
- sometimes hurts self
- self stimulates
- sometimes tries to run away
- impulsive in many ways
- requires more physical movement
- often uses mouth to test objects
- fatigues easily
- separation fears
- seizures
- auditory or visual hallucinations

Child's favorite toys

Specific fears or dislikes _____

List all medications your child is currently taking: _____

List any allergies your child has: _____

Please tell us anything else we need to know about your special needs child:

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Please complete the following if your child's siblings are attending REVIVE:

Name _____

Enjoys _____

Dislikes _____

Any special requests or needs _____

Allergies: _____

Name _____

Enjoys _____

Dislikes _____

Any special requests or needs _____

Allergies: _____

Name _____

Enjoys _____

Dislikes _____

Any special requests or needs _____

Allergies: _____

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Family Application

Please read the following statements carefully and initial in the designated space indicating that you have read, understand and agree to the provision.

_____ I have fully disclosed to North Side Baptist Church all pertinent facts about my child(ren)'s special needs and accept full responsibility for failure to do so.

_____ I understand that care for my child(ren) will be provided by trained volunteers.

_____ I understand that I will be expected to pick up my child as soon as possible in the event he/she is unusually inconsolable after a reasonable period of time, or demonstrates seizure activity; fever; aggressive behavior toward self/others; non-aggressive, self-harming behavior, such as biting; or severe asthma symptoms.

_____ I understand that if a medical emergency or accident occurs, Weatherford EMS (911) will be called. I authorize Weatherford EMS to administer any medical treatment, medication, or appliance deemed necessary. I also authorize transportation by Weatherford EMS to the appropriate medical facility, as determined by Weatherford EMS. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services to my child.

_____ I consent to have Boundless/REVIVE staff administer medications and treatments for my children as directed or needed in the event of a minor injury.

_____ I will supply all necessary food, drinks, snacks, and diapers for my child(ren).

_____ I will provide contact information at every REVIVE event.

_____ I understand that my child(ren) may be denied participation at one or all Boundless/REVIVE events based on presenting illness; parent's failure to provide necessary supplies and/or information regarding the care of my child(ren), emergency contact information; or medical/behavioral issues that jeopardize the safety of my child(ren) or others.

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

Parent Signature

Date

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Emergency Contact Agreement:

Should I need to be contacted regarding the immediate care of my child(ren), you may contact me:

_____ via cell phone # _____

OR

_____ via cell phone # _____

In case of an emergency, the following persons may be called and are authorized to pick up my child: (At least one person MUST be provided and positive identification MUST be provided before your child will be released).

Name: _____ Phone: _____

Address: _____

Driver's License #: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Driver's License #: _____

Relationship: _____

Parent Signature

Date

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Publicity Release:

Boundless/REVIVE would like to have a bank of photos to utilize for outreach in the community:

Please initial your preference below:

_____ I DO give permission for (please list all children separately): _____
_____ to be photographed.

_____ I DO NOT give permission for (please list children separately): _____
_____ to be photographed.

Parent Signature **Date**