

Dear Parent/Caregiver - Please fill out this form and return to an offering slot.



**How My Child Is Fearfully and Wonderfully Made...**  
**3 years old – 5<sup>th</sup> Grade Intake Form**

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent(s) or Caregiver(s): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Names and ages of other children living in the home:  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information:**

Please describe your child's diagnosis/medical condition or learning difference:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle yes or no for the following. If yes, please describe in the space provided so we may best understand your child's needs:

Allergies    yes    no \_\_\_\_\_

Asthma    yes    no \_\_\_\_\_

Hearing Problems    yes    no \_\_\_\_\_

Physical Limitations    yes    no \_\_\_\_\_

Seizures    yes    no \_\_\_\_\_

Snack Restrictions    yes    no \_\_\_\_\_

Vision Problems    yes    no \_\_\_\_\_

Does your child have specific sensory needs? If so, please describe:

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What are your child's interests, and what kinds of activities does he/she enjoy?

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Does your child have specific communication needs? If so, please describe:

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Please describe any behavioral concerns that teachers/caregivers should be aware of in the classroom:

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If your child experiences a period of frustration, how do you best calm him/her?

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Does your child need assistance with toileting:    yes    no

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Is there any additional information that would be helpful for your child's teachers/caregivers?

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How do you feel your child would best benefit?

- Have a Buddy (one-on-one aide) in the class
- As-needed trips to the special needs/sensory room
- Full time in the special needs/sensory room
- Not sure

*LifePoint Church cares for each person. These questions are asked for the benefit of your child and so that we may provide the best experience and safest environment for everyone involved. Our church leaders and ministry volunteers respect your family's right to privacy. Any information shared from this form will be communicated only with those caring for your child and on a need-to-know basis.*

*LifePoint Church is not equipped to provide medical care for your child and will not be held liable for any injury that occurs while your child is under our care.*

*LifePoint Church may occasionally take photos or videos of the children in our classrooms and may use these images in various types of media within our organization.*

By signing this form, I confirm that I have read and agree to the above statements.

Parent/Caregiver Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_