



Parent Questionnaire for Special Buddies

Hiland Park Baptist Church cares for every child in our children's ministry programming. The following questions are asked for the benefit of your child while they're in our care, so that we provide the best experience and safest environment for everyone. Please be specific when filling it out. Because Hiland Park Baptist Church and its children's ministry workers respect your family's right to privacy, any information shared on this form is communicated directly with those caring for your child and only on a

"need to know" basis.

Form Completed by: _____
Relationship to the child: _____
Date Form Completed: _____

Child's Name: _____
Child's DOB: _____
Child's Gender: _____

Parent Contact Info: Name(s): _____
E-mail address(es): _____

Phone Number(s): _____

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

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

My child **does/does not** need an EpiPen or EpiPenJr. (please circle one)

Special Buddy: _____ 1

My child's main mode of functional communication is **fully verbal/a mix of verbal and visual/fully visual**. (please circle one)

My child **does/does not** enjoy music. (please circle one)

My child mostly enjoys **being alone/being with a few people/being in a large group**. (please circle one)

I have the following goals for my child's development this year (behavioral, social, academic, spiritual, etc):

My child has the following area(s) of interest:

My child is independent in the following areas (eating, toileting, craft time, etc.):

My child needs assistance in the following areas (eating, toileting, craft time, etc.):

My child is uncomfortable around or has aversions to:

Some triggers for behavioral problems or emotional breakdowns for my child are:

When my child experiences these behavioral problems or emotional breakdowns, he/she is calmed down by:

My child is picky about the following things:

Other information about my child that I want his/her caregivers to know:

By signing, I agree that this information may be shared with the Hiland Park Baptist Church children's ministry volunteers as needed. Also, I agree to update Hiland Park Baptist Church with any new information about my child as it pertains to his/her best care while at church.

_____ Parent's Signature
_____ Date Signed

_____ Church Representative's Signature
_____ Date Signed