

# Ministry of Bridges

## Parent Information Form

### Bethany United Methodist Church



*Please provide as much information as possible. It is our goal that we can help your child soar to new heights in their walk with God.*

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

DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Siblings Names \_\_\_\_\_

Child's Diagnosis \_\_\_\_\_

Is Child in School? If yes, where? \_\_\_\_\_

Type of Placement \_\_\_\_\_

# Behavior

Is the child on medication? If so, what is it and how often is it administered?

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Describe the child's behavior (Is he/she aggressive? Bite, hit, throw, run away, yell, pull hair?)

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What do you do to control their behavior? \_\_\_\_\_

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How does he/she deal with people they do not know?

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# Strengths

What activities does your child enjoy most? \_\_\_\_\_

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What does your child excel most at? \_\_\_\_\_

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# Food

What are the child's eating habits? \_\_\_\_\_  
\_\_\_\_\_

Any food allergies? If so, please describe the food and reaction. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any food restrictions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does he/she like for snacks? \_\_\_\_\_  
\_\_\_\_\_

# Independence and Equipment

Does the child take care of his/her own toileting needs? \_\_\_\_\_  
\_\_\_\_\_

Does the child feed him/her self? \_\_\_\_\_  
\_\_\_\_\_

Does the child use a hearing aid? Glasses? Wheelchair? Walker? Have any artificial limbs or other prosthetic device? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Communication

Is the child's speech understandable to people who do not know him/her? \_\_\_\_\_

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How does the child communicate basic needs? (Such as asking for drink, snack, potty or help?) \_\_\_\_\_

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Does he/she use any sign language or communication board? \_\_\_\_\_

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# Religion

What is the child's previous experience attending church? \_\_\_\_\_

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What is the family's religious background and practice? \_\_\_\_\_

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What concepts does the child understand: God, Jesus, Church, Heaven? \_\_\_\_\_

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