



Wil's World Intake Form:

Thank you for enrolling your child into Wil's World. We desire to come alongside your family in raising your child. We respect your family's privacy. The information in this form is shared with those involved in caring for your child so they will know and understand any special care needs.

Child's Name: _____ Birth Date: ___ / ___ / ___ Gender: M F

Address: _____

Father's Name: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Mother's Name: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Medical Care:

Does your child have a specific disability/diagnosis?

Is your child taking a medication? No _____ Yes _____

Name of medication and possible side effects: _____

Seizures? No _____ Yes _____ Controlled _____ Uncontrolled _____

Frequency: _____ If seizures occur, please describe (how often/duration/symptoms):

How do you handle the seizure while occurring and immediately after? _____

Respiratory problems? No ___ Yes ___ Please describe: _____

Food/Drinks we should not give your child: _____

Does your child have any allergies that we should be aware of? No ___ Yes ___

Please list: _____

Development:

Assistance needed when eating/drinking? No ___ Yes ___ Please describe: _____

Toileting:

Independent ___ Wears diaper/pullups ___ Needs assistance: ___ Needs prompting: ___

How can we assist: _____

Mobility: Walks independently ___ Uses wheelchair ___ Uses braces or orthotics ___

Any positioning or mobility concerns: _____

Needs a one-to-one aide? No ___ Yes ___

Please provide any important care instructions:

Speech and Cognition:

Your child communicates in the following ways:

Non-verbal, but vocalizes ___ Says words ___ Talks in sentences, but may be hard to understand ___

Talks near or at typical level for age ___

Hearing problems? No ___ Uses Hearing aid ___ Uses sign language ___

Any common signs? _____

Wears glasses or contacts? _____ Vision problems? No ____ Yes ____

Please describe: _____

Education:

Following directions: Is unable to follow directions ____ Follows simple one-step directions ____
Follows two-step directions ____ Has no trouble following directions ____

If your child is in school what grade is he/she in? _____

What is your child's functional or personal grade level? _____

Does your child read? Yes ____ No ____ At what level? _____

Does your child write? Yes ____ No ____ At what level? _____

Receives Special Education in school? No ____ Yes ____

Inclusion: Full ____ Partial ____ No inclusion ____

Social and Behavioral:

Does your child enjoy making friends? ____ Does your child need help engaging other children in
play? ____ How can we help your child socially (ex: help remind them to make eye contact)? _____

Past Sunday School/Church experience: _____

What are your child's strengths? _____

What are your child's weaknesses? _____

What things or activities does your child like? _____

What things or activities does your child dislike? _____

Any special fears? _____

Behavioral tendencies: Temper tantrums____ Running away____ Yelling____ Biting____ Hitting____
Refusal to follow directions____ Pushing____ Aversion to touch____ Withdrawal____

Other: How do you handle this/these behavior(s)? _____

When do you want us to involve you? _____

What suggestions do you have for including your child? (Ex: sit close to the teacher, avoid loud noises and light touch) _____

What top 5 items or things help your child focus and learn? (Ex: weighted vest, deep breathing, etc...) _____

What suggestions do you have for including your child? (For example, sit closer to the teacher, don't ask him to read aloud, avoid loud noises and so on.) _____

Describe in a few words how we can best minister to and teach your child including where he/she is spiritually as best you know and can communicate. _____

Are there key concepts and truths you have been focusing on with your child and if so how can we reinforce them? _____

What are some key things you would want to communicate to a new buddy working with your child?

We should contact you if: _____

Does your child have any siblings? (Names and ages) _____

How can we help support the other children in your family? _____

Please provide any other information that might be helpful for us to know: _____

Please sign below giving your consent for emergency medical treatment in case of emergency or accident (for future respite care events when parents may not be on site).

Parent/Caregiver: _____ Date ____ / ____ / ____

Name of preferred hospital: _____

Name of child's pediatrician: _____ Phone Number # _____

Primary Insurance company name _____ Policy # _____

Primary Insured's Name and DOB _____

Medicaid Policy (#): _____

Emergency Contact: _____ Phone Number # _____

Emergency Contact (other than parent/guardian): _____

Relationship: _____ Phone Number # _____

May we use your child's photograph or video on our church website or other church-related appropriate avenues? Yes _____ No _____