



Waypoint Buddy Ministry Child Intake Form

Child's Name: _____ Birth date/Age: _____

Parents' or Guardians' Name(s): _____

Phone: _____ Email: _____

1. What are your child's interests and strengths? (For example, drawing, writing, encouraging, singing, attitude.)

2. What things are difficult for your child? (For example, relating to others, focus and attention, reading.)

3. Does your child have a disability (diagnosed or undiagnosed) that you would like us to know about? If so, then feel free to describe to us what it looks like for your child in as much or as little detail as you would like. Also, feel free to share about your child's story.

4. Does your child have any medical conditions or medications that might be helpful for the leaders to know about? Please explain.



5. My child seems relaxed in settings (circle one) **alone** , **with a few children** , **among many children**.

6. My child (circle one) **would** / **would not** enjoy a large group worship experience.

7. My child would benefit from having a “buddy” in his/her classroom. **Yes / No**

8. My child is uncomfortable or may have a meltdown when:

9. If/when my child experiences a meltdown, he/she calms when:

10. Please choose how you would describe your child in the following areas:

- a. Vision: ___Typical ___Impaired ___Blind
- b. Hearing: ___Typical ___ Impaired ___Deaf ___ Hearing Aid
- c. Motor: ___Lacks head control ___ may roll over ___Crawls ___Walks
- d. Uses: ___Walker ___Crutches ___Braces ___Wheelchair
- e. Please describe any special positioning needs your child may have:

11. My child can communicate with others using:

- a. Speech: ___Words ___Phrases ___Sentences ___Babbles ___Gestures
___ Sign Language ___iPad/tablet ___ Other (describe): _____

12. My child can understand what others say:

- a. ___All the time ___Most of the time ___Some of the time

13. Toileting:

- a. ___Toilets independently ___Currently being potty trained ___Requires catheterization ___Diapers ___Potty trained, needs assistance
- b. Frequency/schedule: _____



c. How does your child indicate a need to use the bathroom?

d. Please list any special bathroom needs:

14. What other suggestions do you have for your child's teachers and children's ministry leaders that may help them better understand and include your child in the church education setting? (For example, sitting close to the teacher, avoiding loud noises, having a lap pillow during circle time.)

15. If you could choose 3 things that you hope could happen for your child this year at church, what would they be?

16. What would you like us to tell other children in the program with your child that will help them to better know, understand, and accept your child?

17. What other information might be helpful for us to know? (For example, favorite topics of conversation, food allergies, favorite games, etc.)



Parent Permission Form for Sharing of Information

I hereby give permission to distribute information from this intake form about my child, _____, to those leaders who will be working with my child this year at Waypoint Church. I understand that, due to having only one service and rotating volunteers, there are many volunteers from Waypoint Kids who may be working with my child. I understand that this form will not be publicly distributed but that there will be times where this information needs to be shared with multiple volunteers in order to best serve my child and ensure that the volunteers are equipped to work with your child.

At any time, I can ask for this intake form to be returned to me and no longer discussed with the volunteers. I must approve any other use of the material, such as in a church newsletter or other written form.

Signature: _____ Date: _____