

**Shining Stars Ministry Intake Form**  
**Calvary Church of Los Gatos**  
**Write on back of page if you need more room**

Date \_\_\_\_\_ Date of Students Birth \_\_\_\_\_

Name \_\_\_\_\_

School student attends \_\_\_\_\_ Grade \_\_\_\_\_

**FAMILY INFORMATION**

**Mother's name** \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ e-mail \_\_\_\_\_

cell phone \_\_\_\_\_ work phone \_\_\_\_\_

**Father's name** \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ e-mail \_\_\_\_\_

cell phone \_\_\_\_\_ work phone \_\_\_\_\_

**Siblings names and ages**

**PERSONAL INFORMATION**

**Health Issues - If any of the following exist, please briefly describe**

Medical needs

Seizures

Allergies

Food/drink we should not give your child

Medications

List specific medications/dosages.

**Other information**

What are your child's:

Strengths?

Reading and writing level?

Favorite activities and interests:

Fears and dislikes?

Please describe your child's disability/special needs.

Does your child receive any special services?

Does your child participate in any special education programs?

Is your child challenged by: the following – if answer is yes please describe

Communication Skills - Y\_\_ N\_\_

Mobility needs – Y\_\_ N\_\_

Self care needs

Is help needed for personal hygiene? -Y\_\_ N\_\_

Is child toilet trained? – Y\_\_ N\_\_

Is assistance needed with eating/drinking? – Y\_\_ N\_\_

Vision/Hearing problems – Y\_\_ N\_\_

Learning Disability – Y\_\_ N\_\_

Social/emotional problems – Y\_\_ N\_\_

Other

How does your child's disability interfere with their participation in church activities?

What type of assistance may be needed for your child to be successful?

Describe your child's behavior.

If behavior problems occur, what is the most successful way to deal with this?

Is there anything else you would like us to know about your child?

**Permission/Authorization Agreement:**

Please read the following statements carefully and initial in the designated space indicating that you have read and agree to the provisions:

\_\_\_\_\_ I have fully disclosed to Calvary Church-Shinning Stars Ministry all pertinent facts about attendee's special needs and accept full responsibility for failure to do so.

\_\_\_\_\_ I understand no medication will be given..

\_\_\_\_\_ In case of an emergency or accident, I understand that 911-EMS will be called. I authorize EMS to administer any medical treatment, medication or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility as determined by EMS. I understand I will be responsible for payment of all EMS, hospital and physician charges for emergency services to attendee.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each.

Signed \_\_\_\_\_  
Parent/Legal guardian

Date \_\_\_\_\_