

Aaron's Staff Child Application Form

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____
Street Address City State ZIP

Home Phone: _____ Cell Phone: _____ Work Phone: _____

What is your child's diagnosis? _____

Allergies and Medications

Does your child have any allergies? Yes No If so, please list in full: _____

Is your child taking any medications? Yes No If so, please list in full: _____

Will any of these medications need to be administered while he/she is in our care? Yes No

Are there any side-effects we should be alerted to? Yes No If so, please explain: _____

Toileting

Does your child need assistance with toileting? Yes No

Does your child require diapers or other absorbent products? Yes No

Is your child potty trained? Yes No

Will your child inform us if he/she needs to use the bathroom? Yes No

If your child is not verbal, please explain how he/she communicates toileting needs or how we recognize that need:

How can we best help your child with toileting needs? _____

Behavior

Does your child have any special fears? Yes No If so, what are they and how do you best address them?

How does your child communicate his/her needs? _____

Are there any special words that your child uses that may not be easily recognized? _____

How do you tell your child to stop a behavior that you do not approve of? _____

When your child gets upset, what helps calm him/her down? _____

What is a good way to distract your child should he/she have a tantrum? _____

Are there any particular routines that are helpful at naptime? _____

What position is most comfortable for your child when he/she is napping? _____

Eating Preferences and Habits

May your child eat/drink snacks such as cookies and lemonade if provided? Yes No

Please list any foods to which your child has allergies or that you prefer him/her not to have: _____

Please complete the following:

My child chokes easily while eating.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child needs a straw for drinks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child has difficulty swallowing.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child needs assistance feeding.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child self-feeds.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Activities

What activities do you do with your child? _____

What activities does your child like to do when playing with other children? _____

What does your child enjoy doing when he/she is playing alone? _____

Sibling Information

Name: _____ Age: _____ Male Female

Special Instructions: _____

Name: _____ Age: _____ Male Female

Special Instructions: _____

Name: _____ Age: _____ Male Female

Special Instructions: _____

Name: _____ Age: _____ Male Female

Special Instructions: _____

To the Parent or Guardian

Please make sure you provide a clean change of clothes, wipes, diapers, etc. If your child is to receive any medication while in our respite care, the prescription bottle must state the name of the medication and the patient's name. It must clearly show the dosage time, frequency, and routine of administration. A start and end date (or ongoing) should be indicated. We cannot provide care for your child unless the original prescribed bottle is provided. The child's name should be placed on every container of medicine to be provided and initialed by the parent/guardian. All medications should be placed in a zip locked bag with your child's name clearly written on the outside. This also applies to over the counter medication.

Release of Liability

Aaron's Staff is a ministry that provides respite care services to children with special needs and disabilities. Care is provided at the Linda Nolen Learning Center in Pelham, Alabama. To the best of our ability, we promise to provide a safe, nurturing environment and ask that you provide us with the information we need to best minister to your child or family member.

By signing this form, you acknowledge that you understand that:

- Neither the Linda Nolen Learning Center nor Aaron's Staff provides a medical service.
- You have given us all pertinent information to care for your child or family member that will pertain to the time when he/she is on site.
- You will indemnify Aaron's Staff, its personnel, and all volunteer respite care workers of Aaron's Staff, the Linda Nolen Learning Center and all Linda Nolen Learning Center personnel from all liabilities in the event of an accident or unforeseen circumstances that might arise from the respite care evening.
- You have signed this release of your own free will and volition.

Parent/Guardian Signature: _____ Date: _____

Respite Care Coordinator Signature: _____ Date: _____