

CHILD & FAMILY INFORMATION
(this form must be completed as a prerequisite for HUGS services)

Date _____

Name _____

Birthday _____

Grade _____

Approximate Developmental Age _____

Specific Disabilities _____

FAMILY INFORMATION

Mother _____ May pick up child? Yes No

Father _____ May pick up child? Yes No

Custody Concerns _____

CONTACT INFORMATION

Address _____

Email address _____

Cell phone(s) _____ Home phone _____

PLEASE TELL US ABOUT YOUR CHILD'S STRENGTHS: (Go ahead...BRAG!)

Thank you for providing us with this information. Please return this form to HUGS. You may scan and email your completed profile to alirogers@lifepointchurch.us or mail to HUGS Ministry, LifePoint Church, 1701 Emory Road, Reisterstown, MD 21136.

PLEASE LIST YOUR CHILD’S INTERESTS: (This helps us form relationships)

Please circle any tasks with which your child requires help. Please note: Nothing surprises us or makes us nervous, we simply want to be prepared to welcome your child, keep him/her safe, and ensure their experience at LifePoint Church reflects God’s love for them.

- | | | |
|--------------------------|-------------------------|----------------|
| Remaining on task | Communicating | Reading aloud |
| Understanding directions | Staying calm at church | Writing |
| Using the bathroom | Staying in the class | Making friends |
| Separating from parents | Staying in the building | Eating |
| Managing loud noises | Large-motor activities | Taking turns |
| Managing a large space | Small-motor activities | Other |

Help us better understand your child by completing the following phrases:

The best way to calm my child is _____

My child is motivated by _____

If my child needs the restroom, he/she will communicate by _____

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My child needs some prompting to maintain attention or take turns. The best things to do are _____

I know my child needs a break when _____

COMMUNICATION

Is your student verbal? YES NO

If your student is nonverbal, how does he/she communicate? _____

BEHAVIORS

How does your student show frustration? _____

Does your student ever exhibit aggressive behaviors toward themselves (i.e., head banging, hitting or biting themselves, etc.?) or toward others? If so, please explain.

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SEIZURES

Does your student have seizures? _____

If so, please describe in detail _____

What procedures do you want us to follow during a seizure? _____

OTHER NEEDS

Does your student have other needs of which you would like us to be aware? (physical, social, emotional spiritual) _____

DIET

Does your child have any food allergies or dietary restrictions? _____

Does your child require assistance while eating? _____

How can we partner with you and your family as you work together to find and follow Jesus?

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Please feel free to provide any additional information you would like to share with us:

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