

First United Methodist Church Grapevine			
Bryan's Buddies Respite Application			
422 Church Street, Grapevine, TX 76099 817-481-2559 www.firstmethodistgrapevine.org			
DATE:		Church Contact: Rev Nathan Firmin, Pastor to Children and Families	
1. SPECIAL NEEDS CHILD'S NAME			
[Last]		[First]	[Middle]
Preferred Name or Nickname			
BIRTHDAY:		AGE:	
DIAGNOSIS OR SYMPTOMS :			
PARENT(S) NAME(S)	Father:		
	Mother:		
HOME ADDRESS:	Street # :		
	City, State, Zip Code:		
	Home Phone # :		
CELL #:			
EMAIL ADDRESS:			
*Mobile phone or pager in use while child is with the Dream Team.		Number #:	
In the event of an emergency, the following person may be called and is authorized to pick up my child:		Name:	
		Phone #:	
		Relationship:	
		Driver License #:	State:
SIBLING'S NAME:	NAME	CURRENT AGE	BIRTHDATE
OTHER THINGS I'D LIKE YOU TO KNOW ABOUT MY CHILD:			
WE HAVE A PET(S), NAMED:		DESCRIBE:	
TYPE	NAME	FAVORITE TOY/STUFF ANIMAL	
		FAVORITE COLOR(S)	

***** The following information is on your special needs child...**

2. PHYSICAL NEEDS:

TIOLETING SKILLS:

Highlight or Circle the choice(s) which pertains to your child..	TIOLETS INDEPENDENTLY	NEEDS HELPS	STAFF CAN HELP BY:	
	POTTY TRAINED, NEEDS ASSISTANCE			
	CURRENTLY BEING POTTY TRAINED	DIAPERS:	CLOTH	DISPOSABLES

PHYSICAL NEEDS:

Highlight or Circle the choice(s) which pertains to your child..	VISION:	Normal	Impaired	Blind
		Wears Contacts	Wears Glasses	
	HEARING:	Normal	Impaired	Deaf
		Hearing Aid		
	MOTOR:	Sits	Rolls Over	Walks
		Crawls	Cruises	Crutches
		Walks	Walker	Has Head control
Braces		Wheelchair		

EATING HABITS:

<u>ALLERGIES</u>	Highlight or Circle the choice(s) which pertains to your child..	No Restrictions		Soft Foods Only	
		Can Take Nothing My Mouth		Bottle Only	
		FOOD: List the items:			
		OTHERS: List the items:			
	Specific request:				

SLEEPING HABITS:

Highlight or Circle the choice(s) which pertains to your child..	Likely to want to sleep before 9:00 PM :	Crib
		Floor Pallet
	Enjoys rocking	Changes to sleepwear

3. ACTIVITIES : ACTIVITIES MY CHILD LIKES

	Highlight or Circle the choice(s) which pertains to your child..	Music	Stories	Coloring
		Physical games	Independent play	Watching movies
		Reading	Being read to	group activity
ADDITIONAL SUGGESTIONS:				

MY CHILD NEEDS ENCOURAGEMENT TO:

MY CHILD DOES NOT ENJOY:

PLEASE DON'T ASK MY CHILD TO:

MY CHILD LEARNS BEST WHEN YOU:

MY CHILD PARTICIPATES MORE WHEN:

4. COMMUNICATION WITH OTHERS

Highlight or Circle the choice(s) which pertains to your child..	SPEECH:			
	Words	Structure phrases		Sentences
	Babbles	Gestures	Sign Language	
	Others:			
	Can Understand What Others Say:	All of the time	Most of the Time	Some of the Time

Highlight or Circle the choice(s) which pertains to your child..	BEHAVIOR:		
	OUTGOING	SHY	PLAYS IN GROUPS
	ADAPTS TO NEW SITUATIONS.. <u>WELL</u>	ADAPTS TO NEW SITUATIONS WITH <u>DIFFICULTY</u>	HYPERACTIVE AND/OR ADD
	RESPONDS TO CORRECTION.. <u>WELL</u>	RESPONDS TO CORRECTION WITH <u>DIFFICULTY</u>	IS SOMETIMES DESTRUCTIVE
	SOMETIMES THREATENS OTHERS	SOMETIMES HITS, BITES, OR HURTS SELF OR OTHERS	SOMETIMES ATTEMPTS TO RUN AWAY

MY CHILD RESPONDS TO SEPARATION FROM HIS/HER PARENTS BY:

MY CHILD IS BEST COMFORTED BY:

MY CHILD LETS SOMEONE KNOW WHAT HE/SHE WANTS OR NEEDS BY:

FEARS AND/OR DISLIKES:

EXAMPLES: DOGS, LOUD NOISES, CERTAIN FOODS OR ACTIVITY

Parent Signature: _____ DATE: _____

Staff Review: _____ DATE: _____

Please complete the form and return it to **First United Methodist Church** at 422 Church St, Grapevine, TX 76099. We will need to receive a completed form before your children can participate in the program. Any questions, contact the church or myself: Joyce King at the information listed below.

Joyce King, Respite Coordinator txjak99@aol.com 817-488-9141