



## CedarCreek Kids Special Circumstances

### Family Information

Child's Name \_\_\_\_\_ Child's Birthdate \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian Address \_\_\_\_\_  
Parent/Guardian Phone Number \_\_\_\_\_  
Parent/Guardian Email \_\_\_\_\_

Please circle which CedarCreek Campus you attend:

Findlay      Perrysburg      South Toledo      West Toledo      Whitehouse

### Complete all sections that apply:

#### 1. General: To be completed by CedarCreek Kids Staff

Please describe the special circumstances requested for this child while under the care of CedarCreek Kids.

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By signing this agreement, I have read and understood the terms of this agreement.

Parent/Guardian Signature \_\_\_\_\_

CedarCreek Kids Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

#### 2. Administration and use of Epi-Pen: To be completed by CedarCreek Kids Staff

By signing, I \_\_\_\_\_, (print parent/guardian name)] agree to waive and release any and all liability for CedarCreek Church in the administration and use of the Epi-Pen. I agree to forever release and discharge CedarCreek Church and its staff and volunteers from any and all liability, claims, actions, rights of actions, damages, and expenses, including attorney expenses, arising out of or resulting from any injury, disease, or death in the use, failure to use or the administration of the Epi-pen. If my child cannot administer the Epi-Pen themselves, I allow CedarCreek Church staff and volunteers to administer the Epi-Pen.

By signing this agreement, I have read and understood the terms of this agreement.

Parent/Guardian Signature \_\_\_\_\_

CedarCreek Kids Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

#### 3. Developmental Information: To be completed by Parent/Guardian

Please know the information you share is confidential and will only be used to help maintain a safe, positive environment for your child. The more we understand what behavior is typical for your

child, the more we can be better prepared to meet their needs. Thank you for the privilege of serving your child!

Describe your child's communication (circle any that apply):

Typical   Non-Verbal   Echolalic   Sign Language   Difficult to Understand

Other: \_\_\_\_\_

What is your child's developmental age? \_\_\_\_\_

What age group does your child best associate with? \_\_\_\_\_

List any significant medical or psychological diagnoses:

\_\_\_\_\_  
\_\_\_\_\_

Are there any special medical concerns that we should know about such as medications, food allergies, sensory needs, etc.?

\_\_\_\_\_  
\_\_\_\_\_

What activities, toys and reinforcements does your child really enjoy and respond well to?

\_\_\_\_\_  
\_\_\_\_\_

What activities, toys and reinforcements does your child dislike and/or respond poorly to?

\_\_\_\_\_  
\_\_\_\_\_

Are there any concerns or challenges with eating/toileting? (Please note if your child is not toilet trained.) \_\_\_\_\_

\_\_\_\_\_

Please circle any behavioral difficulties that apply to your child, and rate the frequency in which the behaviors occur: (1 = Occurs frequently; 5 = Occurs, but not often)

Runs/wanders off	1	2	3	4	5	Describe:
Refuses supervision	1	2	3	4	5	Describe:
Verbally abusive	1	2	3	4	5	Describe:
Sexually inappropriate	1	2	3	4	5	Describe:
Aggressive	1	2	3	4	5	Describe:
Spits	1	2	3	4	5	Describe:
Climbs	1	2	3	4	5	Describe:
Other: _____	1	2	3	4	5	Describe:

How do you comfort your child when upset? How do you handle your child's misbehavior? How does he/she react?

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we need to know about your child to make his/her experience with CedarCreek Kids safe and happy?

\_\_\_\_\_  
\_\_\_\_\_

We look forward to partner with you to provide the best care for your child!