

Evergreen Valley Church Respite Event

Family Registration Form

(One form per child please for each child with disabilities)

Date _____

Child's Name _____ Birth Date _____ Age _____ M F

Child lives with: ___both parents ___mother ___father ___other _____

Home address _____ City _____ ZIP _____

Home phone number _____ Email address _____

Father's name _____ Home # _____ Cell # _____

Address (if different than above) _____

Mother's name _____ Home # _____ Cell # _____

Address (if different than above) _____

Alternate Emergency Contact _____

Home # _____ Cell # _____

What is your child's diagnosis? What health concerns should we be aware of?

Does your child have seizures? _____ If yes, what should be done if your child has a seizure during

the respite event? _____

**Please describe any food allergies your child has _____

Under what circumstances, if any, would you like to be notified during the respite event? _____

****IF YOUR CHILD HAS FOOD ALLERGIES, PLEASE BRING A SNACK FOR YOUR CHILD AND CHECK IT IN WITH THE NURSE WHEN YOU ARRIVE**

What **sensory needs** does your child have?

Does your child have any special toileting/self care needs? _____

What sorts of things upset your child? _____

What works to calm your child if he/she is upset? _____

What strategies work best with your child at school? _____

Is there any other information you would like us to know about your child? (Helpful for volunteer to know personality, behavior, especially likes/dislikes, etc.).

Aside from parents, please list other person(s) authorized to pick up your child(ren). (Must be at least 18 years old)

1. _____ 2. _____

Please list siblings of child who will also be attending:

1.	_____	Age	__
2.	_____	Age	__
3.	_____	Age	__
4.	_____	Age	__

PHOTO RELEASE: I give _____ permission to use pictures of my child(ren) in its publications, newsletters, and on its website _____

Please return to: