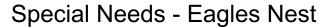
## **Real Life Kids**





Please answer the following questions regarding your child and/or your family. These questions are asked for the benefit of your child so that we may provide the best experience and safest environment for everyone involved. Real Life Ministries and those that volunteer in the Real Life Kids Special Needs (Eagles Nest) respect your family's right to privacy. Any information shared on this form is communicated directly with those caring for your child.

Please Print				
Child's Name:			DOB:	
Age:				<del></del>
Parent(s) Name:				
Person(s) allowed to pick up y	our child:			
Person(s) <b>NOT</b> allowed to pick	c up your child:			
E-mail:		Cell:		Home Phone:
E-mail:		Cell:		
				<del></del>
DIAGNOSIS, MEDICAL	CONDITIONS OR LEARNING D	DIFFERENCE:		
		<del></del>		
ALLERGIES: (please list)				
_				
FOOD SENSITIVITIES/F	RESTRICTIONS:			
,	(please leave detailed instructions yes, please leave detailed instructions	•		
NPO: Tes NO (II	yes, please leave detailed instructions	on back of form)		
Please check any that apply to	your child that leaders/volunteers wil	l find helpful.		
PRIMARY COMMUNICA	ATION: Verbal Non Verbal	Sign Language(	(please list on back	c of form)
Seizures	Trouble sitting in group	Difficu	ltu in social sotting	
	Trouble sitting in group Tends to be possessive	Difficulty in social settingsFollowing directions		
Changes in routine	Tantrums/melt-downs	Fine motor skills (cutting/pasting)		
Separation anxiety	Hearing challenges		classroom withou	
Shyness	Aversion to water, lights, m		attention span/eas	•
SPECIAL BATHROOM	NEEDS:			

## OTHER CONCERNS YOU WOULD LIKE TO SHARE ABOUT YOUR CHILD:

Triggers (Behavioral/Non Behavioral):	
Reward Likes/Dislikes:	
Sensory Likes/Dislikes:	
Likes to Play with Other/Prefers Alone:	
Catch phrases used at home: (for calming or redirecting)	