



## Activities

Activities My Child Likes: (music, stories, coloring, painting, physical games, independent play, group activities, reading, being read to, etc.)

---

---

---

My Child Needs Encouragement To:

---

---

---

My Child Does Not Enjoy:

---

---

---

Please Don't Ask My Child To:

---

---

---

My Child Is Afraid Of:

---

---

---

My Child Learns Best When The Teacher:

---

---

---

My Child Participates More When The Teacher:

---

---

---

## Physical Needs

### Vision

- Normal
- Impaired
- Blind

### Hearing

- Normal
- Impaired
- Deaf
- Hearing Aid

### Motor Ability

- Normal
- Crutches
- Crawls
- Head Control
- Braces
- Cruises
- Rolls Over
- Walks
- Walker
- Sits
- Wheelchair

Toileting Skills:

- Toilets Independently
- Needs Help      Staff can help by: \_\_\_\_\_
- Potty Trained, needs assistance
- Currently being potty trained
- Diapers:      cloth      disposables      pull-ups

Eating Habits: **\*Please note, Parents provide supper for their children attending BREAKAWAY**

- No Restrictions
- Allergies:      Food: \_\_\_\_\_      Other: \_\_\_\_\_
- Can take nothing by mouth
- Soft Foods only
- Bottle only
- Specific requests: \_\_\_\_\_

Sleeping Habits:

- Likely to want to sleep before 9PM      crib      cot
- Enjoys rocking
- Change to sleepwear

**Communication With Others**

Communicates With Others Using:

- Speech:      words      phases      sentences
- Babbles
- Gestures
- Sign language
- Other (describe): \_\_\_\_\_

Can Understand What Others Say:

- All of the time
- Most of the time
- Some of the time
- Other: \_\_\_\_\_

Behavior: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Outgoing                                    | <input type="checkbox"/> Shy                                      |
| <input type="checkbox"/> Plays in groups                             | <input type="checkbox"/> Hyperactive and / or ADD                 |
| <input type="checkbox"/> Adapts to new situations well               | <input type="checkbox"/> Adapts to new situations with difficulty |
| <input type="checkbox"/> Responds to correction well                 | <input type="checkbox"/> Responds to correction with difficulty   |
| <input type="checkbox"/> Is sometimes destructive                    | <input type="checkbox"/> Sometimes threatens others               |
| <input type="checkbox"/> Sometimes hits, bites, or hurts self/others | <input type="checkbox"/> 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: \_\_\_\_\_  
\_\_\_\_\_

### Special Medical Needs

My child requires the following medical equipment: \_\_\_\_\_

My child requires care from a nurse:

Never

Only when (please specify): \_\_\_\_\_

All of the time

My child is taking the following medication: \_\_\_\_\_

Other medical information about my child: \_\_\_\_\_

### Other things I'd Like You To Know About My Child

We have a pet, named: \_\_\_\_\_

Favorite toy / stuffed animal (describe or name): \_\_\_\_\_

Will be with child:  Yes  No

Favorite color is: \_\_\_\_\_

Other dislikes: (example: dogs, loud sounds, certain food or activity): \_\_\_\_\_  
\_\_\_\_\_

Other Siblings \_\_\_\_\_  
\_\_\_\_\_

Staff Review: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Assigned: \_\_\_\_\_

# **Release From Liability And Authorization For Emergency Treatment**

In consideration of the undersigned child's participation in the above program and to the extent allowed by Law, we hereby consent for said child to participate in the Bethany First Church of the Nazarene program known a BREAKAWAY and hereby release said Church, and all of its officers, employees, paid and unpaid staff (volunteers), from any and all liability or any kind of character arising out of said child's participation in such program and its activities, or any accident, illness or injury resulting therefrom, and agree to indemnify and hold harmless the Church and its officers, employees, paid and unpaid staff (volunteers) from and against any and all such claims, if any.

I (We) further consent for any adult leader of said activity to secure emergency medical treatment for my child which may be considered to be necessary in a situation in accordance with generally accepted standards with medical practices for the particular type or injury or illness involved.

This Release and authority shall be valid and binding for the activity in which said child participates unless previously revoked in writing.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Signature Date

**Bethany First Church of the Nazarene  
BREAKAWAY**

**Consent for Photography**

Photography is utilized for 2 primary reasons:

1. To develop a pictorial journal of the development of this ministry, and
2. To utilize positive media communications to inform the congregation and the community of this ministry.

The use of your name and your picture is strictly voluntary.

Please indicate your permission to utilize your picture of your child's picture for publicity of  
BREAKAWAY in brochures, articles, the church website, and other media.

I (*circle one*) DO / DO NOT give permission for my photograph or my child's (children's) photograph to be used or released for the purpose of media coverage and / or publicity.

---

Signature

---

Date

This form will remain on file unless you request that you no longer give this permission.