

NEWCOMER FORM



CHILD'S NAME _____

First

Last

Date of Birth

ADDRESS _____

City

State

Zip

EMAIL _____

PHONE _____

This will be used to send emails, upcoming events, & newsletters.

Please list all pertinent medical and psychological history that your child may have (i.e. asthma, ADHD) and all visits to the emergency room.

Does your child have any food or medicine allergies?
Please describe.

Is your child taking any medications?
Please list.

Mobile phone number to get a hold of you during service. **Please keep it on vibrate.**

Person to contact if you cannot be reached.

PHONE _____

NAME _____

RELATIONSHIP _____

PHONE _____

PERMISSION/AUTHORIZATION & WAIVER OF LIABILITY

Please read the following statements carefully and **initial** in the designated space indicating that you have read, understand, and agree.

RESPONSIBILITY

I will assume all responsibility of the child named above before the Children’s Ministry service and after service.

I have fully disclosed all pertinent facts about my child’s needs and accept full responsibility for missing information.

RELEASE

I understand the nature of the program and do hereby release Ekko Church and its representatives from any liability due to accident or injury incurred by my child.

I understand that photos and videos may be taken of my child at Children’s Ministry events, which may be used by Ekko Church for future promotional purposes.

I have read and initiated the above permission/authorization statements and agree to the terms designated in each space.

SIGNATURE _____

DATE _____

PRINT NAME _____

STUDENT PROFILE

Thank you so much for taking the time to introduce us to your wonderful child! It is our joy and privilege to serve children of all needs and abilities and our desire is to provide a safe environment where they can truly experience God's love. Please help us get to know your child by answering the questions below so that we may better serve and assist your child.

PHYSICAL NEEDS

Vision

- Normal
 Impaired
 Blind

Hearing

- Normal
 Hard of Hearing
 Deaf
 Hearing Aid

Motor

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

Toileting Skills

- Toilets Independently
 Wears a diaper
 Needs help
 Being potty trained
 Potty trained, needs assistance

Staff can help by:

Eating Habits

Ekko Kids provides a small snack (e.g. Goldfish crackers, popcorn, etc.) during class time.

- No Restrictions
 Soft food only
 Can take nothing by mouth
 Bottle

Staff can help by:

Food & Environmental Allergies

Please list all, e.g. wheat, dairy, cedar, cats, etc.

COMMUNICATION

Communicates with

Words

Babbles

Phrases

Gestures

Sentences

Sign Language

Other
(Please describe):

Can understand what others say

All the time

Most of the time

Some of the time

Behavior

Outgoing

Shy

Plays in groups

Adapts to new situations well

Adapts to new situations with difficulty

Responds to correction well

Responds to correction with difficulty

Sometimes threatens others

Sometimes hits, bites or hurts self/others

Sometimes attempts to run away

Hyperactive and/or ADD

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

MISCELLANEOUS

Favorite toy _____

Favorite color _____

Favorite stuffed animal _____

Activities my child likes

(music, coloring, group activities, independent play, etc.)

Sensory Input

Fears or dislikes

(i.e. dogs, balloons, loud noises, etc.)

My child needs encouragement to

Please do not ask my child to

My child learns best when

My child participates more when