

Office Use Only:
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REVIVE Family Application 2021-2022

Applicants **New to the program** must be under the age of 18.
Eligibility for NorthWood's REVIVE program is valid for one year only.

A new application must be submitted each year.

Please return completed application to NorthWood Church, 1870 Rufe Snow Drive,
Keller, TX 76248, fax to 817-656-4671, or email to Revive@northwoodchurch.org

Renewal or if **New Application** How did you hear about Revive? _____

Child's Name _____ **Date of Birth** _____

Age _____ **Gender** _____ **Current School** _____

Parent's Name(s) _____

Dad's Cell # _____ **Mom's Cell #** _____

Home phone number _____

Address _____

Preferred Contact E-mail _____

Siblings (who will attend Revive):

| Name | Gender | Date of Birth |
|-------------|---------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PLEASE READ:

At this time, the Revive staff is not equipped to serve students with significant medical needs or students with severe behavioral challenges.

Revive is designed to provide a fun and safe environment for children with special needs and their siblings. However, the Revive staff/volunteers are not equipped to address the high demands of significant medical needs or the high demands of severe behavioral challenges at this time. If your child has significant medical needs or severe behavioral challenges, Revive is not appropriate for your family at this time.

We understand that children's needs/skills can and may change over time. As your child's medical needs change, or as your child experiences growth/progress in the area of behavioral control, please consider applying for participation in the Revive program at that time.

Child's Name _____

Today's Date _____

PLEASE COMPLETE THE FOLLOWING INFORMATION IN REFERENCE TO YOUR CHILD WITH SPECIAL NEEDS.

Please describe your child's special needs (diagnosis, challenges, etc.):

Please describe the challenges that your child presents that are obstacles to finding a babysitter:

Preferences/Likes/Dislikes

Please complete the following statements:

My child is best comforted by:

My child needs encouragement to:

Please don't ask my child to:

My child's favorite toys are:

These are my child's specific fears or dislikes:

Please indicate the activities your child enjoys (check all that apply):

- Video/Computer Games (Favorites: _____)
- Board Games (Please list favorites _____)
- Sports Activities Scooters Toys with balls that roll
- Dolls Blocks Legos
- Karaoke Crafts Moving toys such as trains and cars
- Other (Please list _____)

Child's Name _____

Today's Date _____

Self-Care

Does your child need assistance with eating/drinking? _____

Please indicate dietary restrictions below (check all that apply): _____ None

_____ Gluten _____ Casein _____ Milk _____ Dairy

_____ Food Dyes, specify _____

_____ Chewing/Swallowing Difficulties _____ Choking Hazard

Other _____

Please note any sleeping habits or self-soothing behaviors: _____

Please indicate your child's toileting skills (check all that apply):

_____ No assistance needed

_____ Needs reminders to go

_____ Needs reminder to wash hands

_____ Needs help wiping

_____ Needs help with clothing

_____ Needs to be taken every _____ hr(s)

_____ Wears diapers/pull-ups

_____ Needs to be changed lying down OR _____ changed standing up

_____ Does not like to be changed and will require extra help, please explain:

Communication

Which of the following best describes your child's ability to express himself/herself?

_____ My child can easily tell you his/her wants and needs.

_____ My child can tell you what he/she wants or needs but can be difficult to understand

_____ My child has limited vocabulary, but can tell/point/pull you to what he/she wants or needs

_____ My child is non-verbal and points, pulls, or uses pictures/signs to tell you his/her wants or needs, please list signs and frequent requests

_____ My child has a communication device and uses it proficiently, please name the device _____

Child's Name _____

Today's Date _____

Which of the following best describes your child's ability to understand language?

- _____ My child understands everything that is said.
- _____ My child responds best to shorter words and phrases for comprehension.
- _____ My child responds best to pictures for understanding.
- _____ My child responds best to tone of voice and facial features for understanding.

Please tell us about any adaptive equipment that your child will bring to Revive:

Social/Behavioral

Please indicate any of the following behaviors/conditions that your child may demonstrate:

- _____ usually outgoing OR _____ usually shy
- _____ usually plays in groups OR _____ usually prefers to play alone
- _____ has a hard time with transitions or new situations
- _____ sometimes destructive
- _____ sometimes hits, bites, or otherwise hurts others*
- _____ sometimes hurts self*
- _____ self stimulates
- _____ impulsive in many ways
- _____ requires more physical movement OR _____ fatigues easily
- _____ often uses mouth to test objects
- _____ separation fears*
- _____ sometimes runs away to play chase
- _____ sometimes runs away OR _____ frequently runs away*
- _____ auditory or visual hallucinations*
- _____ behavioral meltdowns (Please list potential triggers)_____

*How do you normally address the above issues?

Medical

Please indicate any of the following conditions that your child has:

- _____ asthma* (Is a rescue inhaler sent with your child? _____ Yes _____ No)
- _____ seizures* (What type/frequency? _____)
- _____ other* (Specify: _____)

*How do you normally address the above issues?

Child's Name _____

Today's Date _____

List all medications your child is currently taking:

List any allergies your child has:

Other

Please tell us any other information that may be helpful when caring for your child:

SIBLINGS OF YOUR CHILD WITH SPECIAL NEEDS

Please complete the following with your other children in mind (if attending REVIVE):

Name: _____ **Age:** _____ **Grade:** _____

Enjoys: _____

Any special requests/needs: _____

Allergies: _____

Name: _____ **Age:** _____ **Grade:** _____

Enjoys: _____

Any special requests/needs: _____

Allergies: _____

Name: _____ **Age:** _____ **Grade:** _____

Enjoys: _____

Any special requests/needs: _____

Allergies: _____

Name: _____ **Age:** _____ **Grade:** _____

Enjoys: _____

Any special requests/needs: _____

Allergies: _____

Child's Name _____

Today's Date _____

PERMISSION/AUTHORIZATION

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

_____ I have fully disclosed to NorthWood Church all pertinent information about my child(ren)'s special needs and I accept full responsibility for failure to do so.

_____ I understand that care for my child(ren) will be provided by supervised volunteers.

_____ I understand that a medical professional will be on call to NorthWood Church during the REVIVE event.

_____ I understand that I will be expected to pick up my child as soon as possible in the event that he/she: is unusually inconsolable after a reasonable period of time; demonstrates seizure activity; runs fever; demonstrates aggressive behavior toward self/others; demonstrates non-aggressive, self-harming behavior, such as biting/banging/hitting; exhibits severe asthma symptoms.

_____ I understand that if a medical emergency or accident occurs, Keller EMS (911) will be called. I authorize Keller EMS to administer any medical treatment, medication, or appliance deemed necessary. I also authorize transportation by Keller EMS to the appropriate medical facility, as determined by Keller EMS. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services provided to my child.

_____ I consent to have REVIVE staff administer over-the-counter medications and treatments for my children as directed or needed in the event of a minor injury.

_____ I will supply all food, drinks, snacks, and diapers/wipes for my child(ren).

_____ I will provide current contact information at every REVIVE event.

_____ I understand that my child(ren) may be denied participation at one or all REVIVE events based on presenting illness (at a REVIVE event); parent's failure to provide necessary supplies, information regarding the care of my child(ren), emergency contact information; or medical/behavioral issues that jeopardize the safety of my child(ren) or others.

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

Parent Signature

Date

Child's Name _____

Today's Date _____

EMERGENCY CONTACT AGREEMENT

Should I need to be contacted regarding the immediate care of my child(ren), you may contact me at (check all that apply):

_____ via cell phone # _____

_____ via other # _____

If parents are needed and cannot be reached, the following persons may be called and are authorized to pick up my child: (At least one **local** non-parent **MUST** be listed. Positive identification **MUST** be provided before your child will be released.)

Name: _____ Phone: _____

Address: _____

Driver's License #: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Driver's License #: _____

Relationship: _____

Parent Signature

Date

PUBLICITY RELEASE

REVIVE would like to have a bank of photos to utilize for outreach in the community: Please initial your preference below:

_____ I DO give permission for (please list all children separately):
_____ to be photographed.

_____ I DO NOT give permission for (please list all children separately):
_____ to be photographed.

Parent Signature

Date

