

REGISTRATION FORM
RESPITE CARE
FIRST BAPTIST DULUTH

Date _____

Child's Name _____

Birthdate (mm/dd/year) _____

Diagnosis _____

Parent's Names _____

Address _____

Phone(s) _____

Email _____

Brothers and Sisters? Names and ages _____

Is the child in school? If yes, where? _____

Is the child on medication? If so, what is it and how often is it administered?

Describe the child's behavior in various situations _____

How do you handle his or her behavior? _____

Is the child allergic to any foods? Are there any dietary restrictions? What do you give him or her for snacks? _____

Does the child take care of his or her toileting needs? _____

Does the child feed him or herself? _____

Can the child communicate verbally, and how does he or she communicate needs?

What other special care needs should we know about? _____

EMERGENCY CONTACTS:
