

The Genesis Enrollment Form

Child's Information

Name _____ Name child goes by _____

Address _____ Sex: M _____ F _____

City, State, Zip _____ Date of Birth _____

Phone _____ School _____ Grade _____ Age _____

E-mail address _____

Medical Concerns: _____

Allergies: _____

Parent/Guardian Information

Name _____

Phone: Day _____ Evening _____ Cell _____

Name _____

Phone: Day _____ Evening _____ Cell _____

Names of **adults**, *other than parents*, to whom child can be released: _____

Are there any special circumstances that we should be aware of? _____

In the event of an emergency, I authorize first aid or medical treatment for this child and I release First Christian Church from any and all responsibility in connection therewith.

Signature _____ Relationship to child _____ Date _____

Office Use Only

Date received _____ Security ID Number _____

The Genesis Special Friends

Child's Name _____

1. How does your child communicate? (verbal, sign language, augmentative communication device, etc.)
2. Does your child have any medical needs we should be aware of? If so, please list:
3. Does your child have any allergies? If so, please list:
4. How well does your child interact with other children?
5. Can your child concentrate (sit in one place) on one activity for at least 10 minutes? If not, how long can they sit for?
6. Can your child attend to someone who is speaking?
7. What type of reinforcement works best with your child? (verbal praise, star chart, small food items, etc.)
8. What triggers set off negative behaviors in your child? (loud noise, large crowds, tactile or touch sensitivity, etc.)
9. Please list some activities your child likes doing:
10. How can your child best be served by an individual Buddy in this specific setting?
11. Is there any additional information you feel it is necessary for The Genesis to know in order to properly place your child?