



NEW VISION

SPECIAL NEEDS

Child Application

(If possible, please include a picture of your child!)

At New Vision, our desire is to ignite a relationship between your child and Christ. Our team of staff and volunteers, though not formally trained in special education, longs to partner with you in the care and spiritual training of your child. In filling out this intake form, you will provide us with essential information to understand and assist your child and our team in the Special Needs Ministry.

For more information about Special Needs Ministry for children in Birth – Kindergarten, please contact Samantha.jackson@newvisionlife.com or 615-895-7167. For more information about Special Needs Ministry for children in 1st – 4th grade please contact Meghan.kelley@newvisionlife.com or 615-895-7167.

PLEASE COMPLETE ALL QUESTIONS.

CHILD'S NAME: _____ BIRTH DATE: _____

GRADE/AGE: _____

PARENTS'/GUARDIANS NAME(S): _____

ADDRESS: _____

****PLEASE LIST ALL GUARDIANS' CELL PHONE NUMBERS & EMAILS THAT WILL BE RESPONSIBLE FOR DROP OFF & PICK UP****

CELL PHONE NUMBER (S): _____

EMAIL: _____

MEDICAL & PHYSICAL INFORMATION

We care for each participant inside our family ministry. These questions are asked for the benefit of your child, so that we may provide the best experience and safest environment for everyone involved. Our church leaders and our ministry volunteers respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your child and only on a "need to know" basis. Please answer the below questions that apply to your child to help us serve your child better.

Please describe your child's diagnosis, medical condition, and/or learning difference:

My child's main mode of functional communication is:

(How does your child receive & communicate information)

My child may be trying to communicate their need for (describe) _____ when he/she exhibits the following behavior:

My child's favorite toys & activities are:

My child is uncomfortable with or has an aversion to:

Does your child need assistance in the restroom? Please describe.

My child currently receives therapies and special instruction at:

My child has an Individualized Education Plan (Please circle one): **Yes** **No**

(If answered "yes", please describe child's IEP)

My child can do these things independently:

My child needs assistance with:

A trigger-point for resistance, frustration, or behavioral problems may emerge for my child when:

When/if my child experiences a period of frustration, he/she calms when we:

My child seems most relaxed in this setting: (circle one)

Alone

Few children

Among many children

My child (circle one) *WOULD* *WOULD NOT* enjoy a large group worship/music experience?

Does your child have any sensitivity to loud music, bright or flashing lights, or large groups of people? If so, how can we help make their worship experience a positive one?

My child is prone to seizures (circle one): *Yes* *No*

(If yes, tell what may prompt the seizure(s) and how we can prevent/respond)

My child's behavior may indicate a medical problem requiring immediate attention when:

What supports might your child need during Activity/Small Group Time? (e.g., initiating play with friends, communicating, sharing, taking turns)

What strategies are effective in helping your child transition from activity to activity or be redirected if needed?

FOOD ALLERGIES/FOOD SENSITIVITIES:

EPI-PEN: YES _____ NO _____

SELF-ADMINISTERED INHALER: YES _____ NO _____

SPIRITUAL INFORMATION

What church programs does your child regularly attend, or is this your first time attending church?

Does your child talk about God or ask questions at home?

What goals do you have for your child's development in Special Needs Ministry this year (behavioral, social, academic, etc.)?

What concerns do you have for your child in a church environment?

We want to encourage your child to embrace a growing relationship with Jesus and to have a positive experience as a part of New Vision and Special Needs Ministry! Please take a moment to tell us your favorite things about your child and any additional information that might be helpful to us:

By signing this form, I give permission to the New Vision Baptist Church staff to share this information about my child with those individuals necessary.

EXECUTED this _____ day of _____, _____.

Guardian Printed Name

Guardian Signature

Date

Waiver and Release of Liability

I, _____ (full name of Parent or Legal Guardian of Child) (hereafter "Guardian") am the parent or legal guardian having custody of _____ (full name of minor child), a minor child (hereafter "Child"). I hereby entered into this Waiver and Release of Liability (hereafter "Agreement") on behalf of myself individually and on behalf of the Child.

In consideration of the Child being allowed to participate in activities and programs with New Vision Baptist Church and/or the Special Needs Ministry Program, Guardian, on behalf of his/herself and Child, his/her heirs, spouse, assigns, next of kin, and personal representatives, does hereby agree to release and forever discharge and hold harmless New Vision Baptist Church, its ministers, employees, leaders, agents, volunteers and personal buddies (hereafter "Releasees") from any and all liability, claims, demands, and causes of action of whatever kind or nature, including but not limited to negligence, breach of any statutory or other duty of care, loss of consortium, or any claim whatsoever of personal injury, property damages, payment for medical treatment, illness, death, or accident sustained by the Child or any other person, whether or not resulting from the negligence or intentional actions of Releasees or any other individual, which arise or may hereafter arise out of Child's participation in any activities or programs of New Vision Baptist Church and/or the Special Needs Ministry. The Guardian and Child further hereby release and discharge Releasees from any and all claims, which may arise on account of any first aid, treatment, medical treatment, or other emergency service rendered in connection with Child's participation in programs and activities at New Vision Baptist Church.

The Guardian and Child understand and agree that Child's participation in activities or programs of New Vision Baptist Church may be dangerous and/or hazardous to the Child. Guardian and Child hereby expressly and specifically assume all risks of injury or harm for Child's participation in said activities and release Releasees from any and all liability for injury, illness, death or property damages resulting from Child's participation in the same. The Guardian and Child further agree to indemnify Releasees from any loss, liability, damages or costs, including court costs and attorneys fees, which Releasees may incur as a result of any claim brought against Releasees arising out of or resulting from the Child's participation in programs and activities at New Vision Baptist Church.

The Guardian and Child agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that this Agreement shall be governed by the laws of the State of Tennessee. Guardian and Child further agree that Rutherford County, Tennessee is the proper venue for any action brought regarding the subject matter of this Agreement. In the event any clause or provision of this Agreement shall be held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement, which shall continue to be enforceable. It is my express intent that this Agreement shall bind the members of my family and spouse, my heirs, next of kin, personal representatives, and assigns. I attest that I am over 18 years of age and I represent and warrant that I have full legal authority to execute this agreement on behalf of the child and myself.

I HAVE READ THIS AGREEMENT CAREFULLY AND I FULLY UNDERSTAND ITS CONTENTS AND IMPLICATIONS. BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THE ABOVE RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT.

EXECUTED this _____ day of _____, _____.

Guardian Printed Name

Guardian Signature

Date

FIRST AID/EMERGENCY MEDICAL TREATMENT AUTHORIZATION/RELEASE

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. In the event I cannot be reached in an emergency situation, do hereby give permission for any agents, volunteers or employee of New Vision Baptist Church and/or the Special Needs Ministry program to seek and secure necessary medical attention or treatment for the child named above, including hospitalization if necessary. I agree to be solely responsible for the payment of all costs and expenses arising from such medical treatment.

I agree to hereby release and discharge New Vision Baptist Church, its ministers, employees, leaders, agents, volunteers and personal buddies and the Special Needs Ministry Program, its agents, employees and volunteers from any and all claims which may arise on account of any first aid, treatment, medical treatment, or other emergency service rendered to the child.

I further give permission to attending physician(s) and other medical personnel to administer any necessary medical treatment, including diagnostic imaging, anesthesia, and surgery and I agree to be solely responsible for the payment of such medical treatment.

I HAVE READ THIS AGREEMENT CAREFULLY AND I FULLY UNDERSTAND ITS CONTENTS AND IMPLICATIONS. BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THE ABOVE RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT.

EXECUTED this _____ day of _____, _____.

Guardian Printed Name

Guardian Signature

Date

RESTROOM AGREEMENT AND RELEASE

I recognize that there may be occasions where the child named above may need assistance in the restroom. I, on behalf of the child, and myself hereby grant express permission to the agents, volunteers and/or employees of New Vision Baptist Church and the Special Needs Ministry program to accompany and provide assistance to my child in the restroom.

I, on behalf of myself and the child, further agree to hereby release and discharge New Vision Baptist Church, its ministers, employees, leaders, agents, volunteers and personal buddies and the Special Needs Ministry Program, its agents, employees and volunteers ("Releasees") from any and all claims, suits and causes of action which may arise out of Releasees rendering assistance or accompanying my child in the restroom.

I HAVE READ THIS AGREEMENT CAREFULLY AND I FULLY UNDERSTAND ITS CONTENTS AND IMPLICATIONS. BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THE ABOVE AGREEMENT.

EXECUTED this _____ day of _____, _____.

Guardian Printed Name

Guardian Signature

Date