

# All in Need, Respite Care

KidVenture, Children's Ministries



"Come to me, all you who are weary and burdened,  
and I will give you rest." Matthew 11:28

## REGISTRATION FORM

(Please Print)

| Today's date:  |  | Child receiving respite care from any other agencies |         |                                 |  |  |
|--|--|--|---------|---------------------------------|--|--|
|  |  | Y  |         | N                               |  |  |
| Child's INFORMATION  |  |  |         |                                 |  |  |
| Child's last name:   |  | First:   | Middle: | Age:                            | Sex:   |  |
| Mailing address:   |  |  |         | Birth date:<br>/ /              |  |  |
| City:  |  | Home phone no.:                                      |         | Cell phone no.:                 |  |  |
| State:   |  | Zip:   |         | ( )                             |  |  |
| Doctor's phone no.:  |  | Doctor's address:                                    |         | Insurance Name:                 |  |  |
| ( )  |  | City:  |         | Insurance No.                   |  |  |
| Medications and dosages:   |  | Medication times                                     |         |                                 | Does medication need to be given while in care of All In Need? |  |
|  |  |  |         |                                 | Y N  |  |
|  |  |  |         |                                 | Y N  |  |
|  |  |  |         |                                 | Y N  |  |
|  |  |  |         |                                 | Y N  |  |
|  |  |  |         |                                 | Y N  |  |
| Medical/Health Considerations: (Please explain your response.)   |  |  |         |                                 |  |  |
| Food allergies:  |  | Y  | N       |                                 |  |  |
| Special Diets:   |  | Y  | N       |                                 |  |  |
| Seizures:  |  | Y  | N       |                                 |  |  |
| Mobility Needs:  |  | Y  | N       |                                 |  |  |
| Other:   |  |  |         |                                 |  |  |
|  |  |  |         |                                 |  |  |
| Method of Communication: (Please explain your response.)   |  |  |         |                                 |  |  |
| Speech:  |  | Y  | N       |                                 |  |  |
| Sign Language:   |  | Y  | N       |                                 |  |  |
| Non-Verbal:  |  | Y  | N       | Can child make needs known? Y N |  |  |
| Uses Communication devices or picture board:   |  | Y  | N       |                                 |  |  |
| Other:   |  | Y  | N       |                                 |  |  |
|  |  |  |         |                                 |  |  |
| Educational Skills: (Please explain your response, e.g. if known, add an approximate grade level for reading.) |  |  |         |                                 |  |  |
| Reading:   |  | Y  | N       |                                 |  |  |
| Writing:   |  | Y  | N       |                                 |  |  |
| Follows 2 or 3 step directions:  |  | Y  | N       |                                 |  |  |
| Remembers and follow established routines/process  |  | Y  | N       |                                 |  |  |
| Ability to stay on task:   |  | Y  | N       |                                 |  |  |
|  |  |  |         |                                 |  |  |
| Child's diagnoses:   |  |  |         |                                 |  |  |

Oak Park Christian Center  
2073 Oak Park Blvd.  
Pleasant Hill, CA 94523

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Office Fax (925) 934-6559  
Cell Number (925) 451-9269  
E-mail All\_In\_Need@yahoo.com

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|   |                         |                              |                 |
|---|-------------------------|------------------------------|-----------------|
| Child's positive and negative behaviors: What strategies are used in your home to deal with positive and negative behavior? |                         |                              |                 |
|   |                         |                              |                 |
| Child's likes   |                         |                              |                 |
|   |                         |                              |                 |
| Child's dislikes  |                         | Child's triggers: (set offs) |                 |
|   |                         |                              |                 |
| Level of Supervision Needed and what Negative Behaviors should be aware of? (ie: hitting, running off)                      |                         |                              |                 |
| <b>Parent's information</b>   |                         |                              |                 |
| Do both parents live with child?    Y                      N  |                         |                              |                 |
| Mother's name   | Address (if different): | Home phone no.:              |                 |
|   |                         | (    )                       |                 |
| Cell phone no.:   | (    )                  |                              |                 |
| Father's name   | Address (if different): | Home phone no.:              |                 |
|   |                         | (    )                       |                 |
| Cell phone no.:   | (    )                  | E-mail address:              |                 |
| Do you need additional care for siblings Nursery through 5 <sup>th</sup> grade?    Y                      N                 |                         | Name                         | Age:            |
| <b>IN CASE OF EMERGENCY</b>   |                         |                              |                 |
| Name of local friend or relative (not living at same address):  | Relationship to child:  | Home phone no.:              | Cell phone no.: |
|   |                         | (    )                       | (    )          |
| Parent's signature:   |                         | Date:                        |                 |

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## All in Need, Respite Care Photo Release

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Participant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip, Country: \_\_\_\_\_

Check here for an email copy of picture. E-mail address: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **For The Special Needs Children:**

- Respect the leaders and the other children.
- Be courteous and kind to the other participants.
- Play safe. Follow instructions. Report injuries.
- Treat the church grounds, buildings, and property like your own home.
- Comfort items from home are o.k. (please label)
- Have fun and allow others to have fun!

## **For The Typically Developing Children:**

- Same as above.
- In addition...
- No personal items, toys, electronics, phones, etc
- Physical fighting, verbal or physical bullying, foul language, and harsh words will not be tolerated and are grounds for immediate dismissal.

## **For The Parents:**

- Review guidelines, and review them with your child.
- Turn in necessary emergency card and other forms requiring your attention.
- Notify the coordinator of any leader or child's concerns.
- Only send your child if they are well. If your child has had a fever in the past 24 hours do not send them to Respite Night.
- Notify the Coordinator by 3:00 pm of your child's absence anytime your child is scheduled to be at Respite Care but will not be attending.
- Drop off your child no earlier than 6:30 pm and pick up no later than 9:30 pm. If child is picked up past 9:30 pm the parent will pay a \$2 per minute late fee to the coordinator on duty. Please do not make the coordinator ask you for the late fee.
- Pack your child a healthy snack.

## **Procedures:**

- Child must be checked in and out by an authorized parent or guardian.
- A child is checked in and out at the entrance of the chapel just off the back parking lot to the right of the gym.
- Child will not be permitted to leave the facility with anyone other than the authorized pick up person.
- If a child is picked up past 9:30 pm the parent will pay a \$2 per minute late charge to the coordinator on duty. Please don't make the coordinator ask for the fee.

## **Payments:**

- Child with special needs is free.
- Siblings are \$10 per child with a max of \$25 per family. Checks payable to OPCC.
- Additional childcare for typical children must be paid to coordinator before the sibling is left in AIN's care.
- Returned checks are subject to a \$25 fee.
- \$2 per minute late charge is to be paid immediately to the coordinator on duty.

I was provided the All In Need, Guidelines and understand and agree to the conditions as outlined.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Emergency Contact and Release Form

### Emergency Contact and Medical Information for a Child

|                                |                  |                                |                  |     |   |
|--------------------------------|------------------|--------------------------------|------------------|-----|---|
| Child's Name _____             |                  | Date of Birth _____            |                  | M   | F |
|                                |                  |                                |                  | Sex |   |
| Parent's/Guardian's Name _____ |                  | Parent's/Guardian's Name _____ |                  |     |   |
| Home Phone _____               | Cell Phone _____ | Home Phone _____               | Cell Phone _____ |     |   |
| ( ) ( )                        | ( ) ( )          | ( ) ( )                        | ( ) ( )          |     |   |
| Address _____                  |                  | Address _____                  |                  |     |   |
| City, ST ZIP Code _____        |                  | City, ST ZIP Code _____        |                  |     |   |

### Alternative Emergency Contacts

|                                 |            |                                   |            |  |  |
|---------------------------------|------------|-----------------------------------|------------|--|--|
| Primary Emergency Contact _____ |            | Secondary Emergency Contact _____ |            |  |  |
| ( ) _____                       | ( ) _____  | ( ) _____                         | ( ) _____  |  |  |
| Home Phone                      | Work Phone | Home Phone                        | Work Phone |  |  |
| Address _____                   |            | Address _____                     |            |  |  |
| City, ST ZIP Code _____         |            | City, ST ZIP Code _____           |            |  |  |

### Medical Information

Hospital/Clinic Preference \_\_\_\_\_

|                         |                     |
|-------------------------|---------------------|
| Physician's Name _____  | Phone Number _____  |
| Insurance Company _____ | Policy Number _____ |

Allergies/Special Health Considerations \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I release All In Need, Respite Care and individuals from liability in case off accident during activities related to All In Need, Respite Care, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Sibling Care REGISTRATION FORM

(Please Print)

This form is to be filled out by families that would like to have childcare for their typical child. Parents are responsible to pay for care to the childcare provider when dropping off child.

|  |                          |  |                 |
|--|--------------------------|--|-----------------|
| Today's date:  |                          |  |                 |
| <b>Child's INFORMATION</b>                                     |                          |  |                 |
| Child's last name:   | First:                   | Middle:  | Age:            |
| Mailing address:   |                          | Sex:   | Birth date:     |
|  |                          |  | / /             |
| City:  | Home phone no.:          |  | Cell phone no.: |
| State:   | Zip:                     | ( )  | ( )             |
| Doctor's phone no.:  | Doctor's address:        | Insurance Name:  | Insurance No.   |
| ( )  | City:                    |  |                 |
| Medications and dosages:                                       | Medication times         | Does medication need to be given while in care of All In Need? |                 |
|  |                          | Y  | N               |
|  |                          | Y  | N               |
|  |                          | Y  | N               |
|  |                          | Y  | N               |
|  |                          | Y  | N               |
| Food allergies:  | Y                      N | Explain:   |                 |
| Special Diets:   | Y                      N | Explain:   |                 |
| <b>Parent's information</b>                                    |                          |  |                 |
| Do both parents live with child?    Y                      N   |                          |  |                 |
| Mother's name  | Address (if different):  |  | Home phone no.: |
|  |                          |  | ( )             |
| Cell phone no.:  | ( )                      |  |                 |
| Father's name  | Address (if different):  |  | Home phone no.: |
|  |                          |  | ( )             |
| Cell phone no.:  | ( )                      |  |                 |
| <b>IN CASE OF EMERGENCY</b>                                    |                          |  |                 |
| Name of local friend or relative (not living at same address): |                          | Relationship to child:   | Home phone no.: |
|  |                          |  | ( )             |
|  |                          |  | ( )             |
| Parent's signature:  |                          | Date:  |                 |

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## Fax Transmittal Form

**To:**

**Name:** Autumn Green, All in Need Coordinator

**Organization Name/Dept:** Kidventure-All in Need

**Phone number:** (925) 451-9269

**Fax number:** (925) 934-6559

**From:**

**Name:**

**Organization Name:**

**Phone number:**

**Fax number:**

**Date sent:**

**Time sent:**

**# of pages including cover page:**

**Message:**