

*Chenal Valley Church
Night Owls
Child Application*

Child's Name: First _____ Middle _____ Last _____

Nickname or preferred name: _____

Birthday: _____ Age: _____

State diagnosis or describe your child's special needs: _____

Current Medications: _____

Parents' Names: _____

Home address: _____

City: _____ Zip: _____

Home Phone: _____

Mobile Phone in use while child is at Night Owls: _____

Email Address: _____

Siblings who are attending Night Owls:

| Names | Current age | Birthday |
|-------|-------------|----------|
|-------|-------------|----------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

How did you learn about Night Owls?

In the event of an emergency, the following person may be called and is authorized to pick up my child. (Positive identification must be provided before your child will be released).

Name: _____ Relationship: _____

Phone number: _____

ACTIVITIES

My child likes:

My child needs encouragement to:

My child does not enjoy; please don't ask my child to:

My child learns and participates best when:

PHYSICAL NEEDS

- Vision:** Normal Impaired Blind
- Hearing:** Normal Impaired Deaf Hearing Aid
- Motor:** Head Control Rolls Over Sits Crawls
- Cruises Walks Walker Crutches
- Braces Wheelchair

Toileting Skills:

- Toilets Independently Currently being potty trained
- Needs help Diapers
- Potty trained, needs assistance

Eating Habits:

- ALLERGIES,** soft foods only
- List: _____ bottle only
- no restrictions specific requests
- can take nothing by mouth
- _____

Sleeping Habits:

- likely will want to sleep before pick up
- enjoys rocking
- change to sleepware

COMMUNICATION WITH OTHERS

Communicates with others using:

- Speech: words phrases sentences
- Babbles
- Gestures
- Sign language
- AAC Device
- other (describe): _____

Can understand what others say:

- All of the time
- Most of the time
- Some of the time

BEHAVIOR

- | | | |
|---|------------------------------|--|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy | <input type="checkbox"/> Is sometimes destructive |
| <input type="checkbox"/> Plays in groups | | <input type="checkbox"/> Sometimes threatens others |
| <input type="checkbox"/> Adapts to new situations well | | <input type="checkbox"/> Sometimes hits, bites, or hurts self/others |
| <input type="checkbox"/> Adapts to new situations with difficulty | | <input type="checkbox"/> Sometimes attempts to run away |
| <input type="checkbox"/> Responds to correction well | | <input type="checkbox"/> Hyperactive and/or ADD |
| <input type="checkbox"/> Responds to correction with difficulty | | |

My child responds to separation from his/her parents by: _____

A sign my child might be upset or anxious is: _____

My child is best comforted by: _____

My child lets someone know what he/she wants or needs by: _____

SIBLING INFORMATION

Names

Current age

Birthday

Sibling Favorite activities: _____

Sibling Fears or dislikes: _____

Sibling Toileting Needs: _____

Please note: The above information about your child will be shared with trained Night Owls volunteers.

Parent Signature

Date

CHENAL VALLEY CHURCH NIGHT OWLS
PERMISSION FOR MEDICAL TREATMENT

Activity: All Night Owls Activities sponsored by CVC for 2015

Student

First Name of Participant: _____ Middle Name: _____ Last Name: _____

Home Phone: _____ Date of Birth: _____ Grade Level: _____ Check One: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Parents/Guardian

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Mother's Work Phone: _____ Mother's Email: _____

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Father's Work Phone: _____ Father's Email: _____

Insurance

Medical Insurance Company: _____

(If none, please note.)

Insurance ID #: _____ Group or Policy #: _____

Allergies: _____ Wear contact lenses? _____

Current medications: _____

(Prescription and over the counter)

Emergency Contact

Name of emergency contact person other than Parent: _____

Street and/or mailing address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

AUTHORIZATION

I hereby waive, release and covenant not to sue Chenal Valley Church and its officers, agents, employees, volunteers or activity chaperones from any and all negligence or fault which might proximately cause any claim, injury, death or liability resulting from my child's participation in church sponsored activities.

I further hereby authorize and direct that the sponsors for this event be authorized to consent to medical treatment by qualified and licensed medical practitioners in the event of a medical or dental emergency, which, in the opinion of the attending physician, should be administered.

(Name of Parent or Guardian Printed)

(Date)

(Parent or Guardian Signature)

Print Clearly Please!

****Please provide a copy of your insurance card****

GENERAL CONSENT
CHENAL VALLEY CHURCH NIGHT OWLS

Parents' Names: _____

Child's Names: _____

We must have a completed release form for each child in our care.
Please read the following information carefully and sign below.

- I will provide all diapers, clothing, and needed supplies for my child while attending NIGHT OWLS. I understand that the staff cannot provide these items for my child.
- I understand that pictures and film may be taken at NIGHT OWLS for the purposes of publicity, pictorial recordings, and identification. I give my permission for my child to be photographed while at NIGHT OWLS.
- I understand that the only medications NIGHT OWLS staff will administer are medications that I provide. All medications will be administered by a nurse and/or doctor.
- I authorize NIGHT OWLS to administer medical assistance in case of an emergency. I understand that in case of a medical emergency, 911 will be called. Upon arrival, EMS will administer emergency assistance and if necessary, my child will be transported to the nearest medical facility for treatment. I understand that I will be contacted immediately by NIGHT OWLS staff via the phone numbers I provided at the check-desk. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services for my child.
- I have fully disclosed to Chenal Valley Church all pertinent facts about my child's special needs and accept full responsibility for failure to do so.
- I hereby waive, release and covenant not to sue Chenal Valley Church and its officers, agents, employees, volunteers or activity chaperones from any and all negligence or fault which might proximately cause any claim, injury, death or liability resulting from my child's participation in church sponsored activities.
- I further hereby authorize and direct that the sponsors for this event be authorized to consent to medical treatment by qualified and licensed medical practitioners in the event of a medical or dental emergency, which, in the opinion of the attending physician, should be administered.

By signing below, I understand and agree with the above listed items and authorize NIGHT OWLS at Chenal Valley Church to care for my child this evening.

Parent Signature: _____

Date: _____

Photo Release Form

Chenal Valley Church
16025 Taylor Loop Road
Little Rock, AR 72223

Permission to Use Photograph

Event: Night Owls

Location: Chenal Valley Church

I grant to Chenal Valley Church, Christy Oldham and/or Charlotte Yates the right to take photographs of _____ in connection with the above-identified event.

I agree that Chenal Valley Church may use such photographs for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Printed name _____

Signature _____

Date _____