



**VIBRANT CHURCH**  
*Champion's Club Application*

**Date of Application:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

(First)

(Middle)

(Last)

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **Gender:** M / F

**Preferred Service(s) (currently only 1 service):** Sun. 9:45am \_\_\_\_\_

*Are you interested in attending 1st Wednesday services at 7pm?* YES / NO

**Child's Diagnoses (e.g. ADHD, Autism, Down Syndrome, Intellectual Disability (ID), etc.):**

\_\_\_\_\_  
\_\_\_\_\_

**Is Child:** Verbal / Nonverbal **Does your Child have Siblings:** Yes / No

**Names of Siblings:** \_\_\_\_\_

**Child lives with:** Both Parents / Mother / Father / Guardian

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Guardian's Name (if applicable):** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Information**

List medication currently prescribed by your child's doctor or given OTC and for what prescribed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Persons to contact if Parent/Guardian **CANNOT** be reached:**

**Contact #1:** Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Contact #2:** Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Health Conditions:** Asthma / Diabetes / Epilepsy / Brain Injury / Hearing Impaired / Vision Impaired

Other (specify): \_\_\_\_\_

**Dietary Restrictions/Allergies:**

Can your child eat solid food? Yes / No

Any Feeding Instructions: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Food, Medicine or other Allergies: \_\_\_\_\_

**Developmental Level** *(please indicate best estimate):*

<b>Physical</b>	<b>Cognitive</b>	<b>Emotional</b>	<b>Social</b>
<b>__ High</b>	<b>__ High</b>	<b>__ High</b>	<b>__ High</b>
<b>__ Med</b>	<b>__ Med</b>	<b>__ Med</b>	<b>__ Med</b>
<b>__ Low</b>	<b>__ Low</b>	<b>__ Low</b>	<b>__ Low</b>
<b>Comments:</b>			

**Education and Specialized Services Information:**

<b>Is your child enrolled in school: __ YES __ NO</b>
<b>Where?</b> _____
<b>Grade Level:</b> _____ <b>Teacher:</b> _____
<b>Does your child receive special education services: __ YES __ NO</b>
<b>If so, what services?</b> __ OT __ SLP __ PT __ Behavioral __ Other _____

**Behavior Information:**

Negative Behaviors	Consequences & Discipline Plan (at home)	Reinforcers & Reward System
<input type="checkbox"/> Runs Away <input type="checkbox"/> Screams/Yell <input type="checkbox"/> Uses profanity <input type="checkbox"/> Touches self or others inappropriately <input type="checkbox"/> Aggressive to self (scratches, bites, etc) <input type="checkbox"/> Aggressive to others (Spits, hits, bites, etc) Others (specify): _____ _____ _____ _____	<input type="checkbox"/> I do not have a discipline plan <input type="checkbox"/> Redirect <input type="checkbox"/> Time Out <input type="checkbox"/> Loss of Privileges <input type="checkbox"/> Spanking <input type="checkbox"/> Loss of Items (toys, TV, etc) Others (specify): _____ _____ _____ _____	<input type="checkbox"/> Praise <input type="checkbox"/> Food <input type="checkbox"/> Books/Toys/Games <input type="checkbox"/> Tangible Rewards (Stickers, wristbands, etc) <input type="checkbox"/> Money <input type="checkbox"/> Action given/affection (high five, hug, jumping, etc) Others (specify): _____ _____ _____ _____

What calms your child (e.g., during a tantrum, when he/she is afraid)? \_\_\_\_\_  
 \_\_\_\_\_

Does your child use the toilet: Yes / No    Do they need diaper changes? Yes / No (if yes, please provide the necessary supplies)    Any toileting/diapering Instructions: \_\_\_\_\_  
 \_\_\_\_\_

Please provide any additional information that would assist us in caring for your child:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you give consent for Vibrant Church media team to take photographs/videos?    Yes    No