

## PARTICIPANT INTAKE FORM

### CHECK ALL THAT APPLY

- Access Sunday School  
 Access Impact

Other \_\_\_\_\_

### GENERAL INFORMATION

**NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**JOB/SCHOOL YOU ATTEND** \_\_\_\_\_

**WHERE DO YOU LIVE**  with parents/guardian  group home  own apartment/house

**PARENT/STAFF NAME** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**PARENT/STAFF NAME** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DIAGNOSIS** \_\_\_\_\_

**OTHER MEDICAL CONCERNS** \_\_\_\_\_

**ALLERGIES** (drug, food or other) \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

## PARTICIPANT INFORMATION

Personal Care Needs:	Sensory Needs:
Mobility Needs:	Helpful Motivators:
Interests/Hobbies:	Fears/Aversions:
Emotional/Behavioral/Elopement Concerns:	Current Calming Strategies/Supports:
Preferred Means of Communication:	If you need 1:1 support, please list the name of the PCA/caregiver who will attend:
Please list any other information that would be helpful to ensure a great experience:	Are you comfortable accessing BCC? If not, please list the name of a PCA/caregiver who will attend:

## PERMISSION/AUTHORIZATION AGREEMENT

I understand the nature of the program and do hereby release Buffalo Covenant Church and its \_\_\_\_\_ representatives from any liability due to accident or injury incurred while attending ministry events.

I authorize Buffalo Covenant Church to publish photos (without my name) on our social media \_\_\_\_\_ accounts, website, and internal communication for promotional purposes only.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

