



SIGNAL MOUNTAIN PRESBYTERIAN CHURCH

APPLICATION

Special Information for Night OWLS/Barnabas Buddies



Date of Application OR Renewal (circle one) \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
last first middle

\_\_\_\_\_ IS THE NAME OR NICKNAME PREFERRED.

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

STATE DIAGNOSIS OR DESCRIBE YOUR CHILD'S SPECIAL NEEDS: \_\_\_\_\_

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

CURRENT MEDICATIONS: \_\_\_\_\_

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

PARENTS' NAME: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\*Mobile Phone or Pager in use while child is at FAMILY NIGHT OUT (applies to Night OWLS application only) \_\_\_\_\_

SIBLINGS WHO ARE ATTENDING PARENTS' NIGHT OUT:

Name(s): \_\_\_\_\_ Current age(s): \_\_\_\_\_ Birthdate(s): \_\_\_\_\_  
\_\_\_\_\_

DOES YOUR FAMILY RECEIVE RESPITE OUTSIDE THE HOME? \_\_\_\_\_yes \_\_\_\_\_no

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 (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

## I. ACTIVITIES

**ACTIVITIES MY CHILD LIKES :** (examples: music, stories, art activities, physical games, independent play)

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**MY CHILD NEEDS ENCOURAGEMENT TO** \_\_\_\_\_

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**MY CHILD DOES NOT ENJOY** \_\_\_\_\_

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**PLEASE DON'T ASK MY CHILD TO** \_\_\_\_\_

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**MY CHILD LEARNS AND PARTICIPATES BEST WHEN THE TEACHER** \_\_\_\_\_

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## II. 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
- Needs help                      Staff can help by \_\_\_\_\_
- Potty trained, needs assistance
- Currently being potty trained
- Diapers:     cloth                       disposables

**EATING HABITS:**

- ALLERGIES:                      Food: \_\_\_\_\_ Other: \_\_\_\_\_
- no restrictions
- can take nothing by mouth
- soft foods only
- bottle only
- specific requests

**SLEEPING HABITS (Night OWLS):**

- likely to want to sleep before 10 PM     crib                       cot
- enjoys rocking
- change to sleepwear

**III. COMMUNICATION WITH OTHERS**

**Communicates with others using:**

- Speech:                       words                       phrases                       sentences
- Babbles
- Gestures
- Sign language
- other (describe): \_\_\_\_\_

**Can understand what others say:**

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

**BEHAVIOR: (check all that apply)**

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

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

My child is best comforted by: \_\_\_\_\_

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

OTHER THINGS I'D LIKE YOU TO KNOW ABOUT MY CHILD:

We have a pet, named \_\_\_\_\_

Brothers and sisters:

| Name  | Age   | Birthdate |
|-------|-------|-----------|
| _____ | _____ | _____     |
| _____ | _____ | _____     |
| _____ | _____ | _____     |
| _____ | _____ | _____     |

Favorite toy/stuffed animal: \_\_\_\_\_  
(describe or name)

Will be with child: \_\_\_Yes \_\_\_No

Favorite color is \_\_\_\_\_

Fears or dislikes \_\_\_\_\_  
(example: dogs, loud sounds, certain food or activity)

*I/We acknowledge that it is my/our responsibility to notify The Night OWLS Program Coordinator, in writing, of any changes or revisions to my/our child's special information contained in this application.*

**\*\*\*\*BOTH PARENTS PLEASE SIGN\*\*\*\***

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
Date

STAFF REVIEW: \_\_\_\_\_

\_\_\_\_\_  
Date