Church of the Redeemer

Jesus and Me (JAM) Intake Form

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| Child’s Full Name |  | | | Date of Birth | |  | | |
| Date of Intake |  | | | | | | | |
| Parents’/Legal Guardians’ Name(s) |  | | | | | | | |
| Parents’/Legal Guardians’ Email address(es) |  | | | | | | | |
| Home Address |  | | | | | | | |
|  | | | | VA | |  | |
| Home Phone | ()  - | N/A | | | | | | |
| Mom’s Cell Phone | ()  - | N/A | | | | | | |
| Dad’s Cell Phone | (   )     - | N/A | | | | | | |
| Legal Guardian’s Cell Phone | (   )     - | N/A | | | | | | |
| Parent’s location while student is in program, (i.e., Sanctuary or Commons area, room number) |  | | | | | | | |
| My child has the following: (medical diagnosis/learning difficulty/physical disability, etc.) |  | | | | | | | |
| Food allergies:  No or    Yes (please describe) |  | | | | | | | |
| On special diet (food limitations):  No or    Yes (please describe) |  | | | | | | | |
| Communication skills |  | | | | | | | |
| What are your goals for your student with regards to their participation in this ministry? |  | | | | | | | |
| My student has the following areas of interest: |  | | | | | | | |
| My student can do the following independently and we would like it encouraged: |  | | | | | | | |
| Is bathroom assistance needed?  no or    yes (please describe) |  | | | | | | | |
| Other areas of assistance my student may need in the classroom: |  | | | | | | | |
| My student is uncomfortable with and may have an aversion to the following:  (i.e., fears/sensory issues) |  | | | | | | | |
| Triggers for behaviors of resistance, frustration, aggression, (etc.)  (Please describe expected behaviors and known specific triggers.) |  | | | | | | | |
| Best calming approach when upset or frustrated: |  | | | | | | | |
| My student does best in (circle one or check) | One-to-one setting | | Small group setting | | | | | Large group setting |
| Describe the best environment for your student: |  | | | | | | | |
| My student:  does not have seizures  does have seizures **and the following is a description of the preferred procedure we want followed if a seizure occurs during student’s participation in this program** |  | | | | | | | |
| Other medical conditions and procedure for response: |  | | | | | | | |
| **If my child is aggressive and hurting others, I authorize JAM staff to physically assist them to a safe location.**  **(Please sign and date)** | **Parent’s / Legal Guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |

**The Church of the Redeemer’s JAM Ministry has the following requests:**

1. We ask that you do not leave the church campus and are available by text or phone if needed during the JAM program.
2. We ask that you notify us each week of your attendance or absence so we can be ready with the appropriate number of JAM volunteers.
3. We want you to share us with us any prayer requests and ways we can assist your family as needed.
4. We want you to know that your child is loved and safe and that we will do all we can to teach them about the love of Christ and about God’s Word.