



Date you submitted this application _____

LAKEWOOD CHURCH

Champion's Club Application

Child's Name: _____
(First) (Middle) (Last)

Date of Birth (MM/DD/YYYY): _____ Nickname: _____ Gender: Male Female

Preferred Service (1st, 2nd, 3rd choice): ENGLISH SERVICES
Wed. 7:30pm _____ Sun. 8:30am _____ Sat. 7:00pm _____ Sun. 11:00am _____
SPANISH SERVICES
Thur. 7:30pm _____ Sun. 1:45pm _____

Childs Diagnosis (e.g., Autism, Down Syndrome, Intellectually Disable (ID), etc.): _____

Is Child: Verbal / Nonverbal Language Spoken: _____ Language Understood: _____

Does your Child have Siblings: Yes No Child lives with: Mother / Father / Both Parents / Guardian

Home Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Cell Phone Number: _____ Cell Phone Number: _____

Email Address: _____ Email Address: _____

Guardian's Name (if applicable): _____

Cell Phone Number: _____

Email Address: _____

Emergency Information

Persons to contact if parent/guardian CANNOT be reached			
Full Name	Relationship	Address	Cell Phone Number

List medication currently prescribed by your child's doctor: _____

2. Health Conditions (circle all applicable)

Asthma Diabetes Epilepsy Brain Injury Hearing Impaired Vision Impaired

Other (specify): _____

3. Dietary Restrictions/Allergies

Can your child eat solid food? Yes / No Feeding Instructions: _____

Dietary Restrictions: _____

Food Allergies: _____

Medicine Allergies: _____

Other Allergies: _____

Developmental Level (please indicate best estimate)

Physical	Cognitive	Emotional	Social
<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High
<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium
<input type="checkbox"/> Low	<input type="checkbox"/> Low	<input type="checkbox"/> Low	<input type="checkbox"/> Low

Education Information

Is your child enrolled in school: Yes No
Grade Level: _____
Does your child receive Special Education Services: Yes No

Behavior Information

Problem Behaviors	Consequences & Discipline Plan	Reinforces & Reward System
<input type="checkbox"/> Runs away <input type="checkbox"/> Screams/Yells <input type="checkbox"/> Uses Profanity <input type="checkbox"/> Touches others inappropriately <input type="checkbox"/> Aggressive to self (scratches, hits, bites, pulls hair) <input type="checkbox"/> Aggressive to others (spits, scratches, hits, bites, pulls hair) <input type="checkbox"/> 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 (e.g., toys/games, TV, computer) <input type="checkbox"/> Others (specify): _____ _____ _____ _____	<input type="checkbox"/> Praise <input type="checkbox"/> Food <input type="checkbox"/> Books/Toys/Games <input type="checkbox"/> Privileges <input type="checkbox"/> Tangible Rewards (e.g., stickers, wristbands) <input type="checkbox"/> Kidslife Dollars <input type="checkbox"/> Others (specify): _____ _____ _____ _____

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

Other Information

Does your child need diaper change? Yes / No (if yes, please provide the necessary supplies)

Diapering Instructions: _____

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