*Date*___________________

Champion's Club Teens & Adults Application

Lakewood Church

Participant's Name: ____
(First) (Middle) (Last)

Date of Birth (MM/DD/YYYY)**:** ______________ **Nickname:** __________________ **Gender:** Male Female

Participant's Diagnosis (e.g., Autism, down syndrome, intellectually disable (ID), etc.): ______________

____

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* ____

Participant is: Verbal/Nonverbal **Language Spoken:** ______________ **Language Understood:** __________

Home Address: ____

City: ____________________ **State:** __________ **Zip Code:** ________ **Home Phone:** ______________

Participant lives with: Mother / Father / Both Parents / Guardian

Mother's Name: ___________________________ **Father's Name:** __________________________

Cell Phone Number: _________________________ **Cell Phone Number:** ______________________

Guardian's Name (if applicable): __________________________

Cell Phone Number: ___________________________________

Emergency Information

Persons to contact if parent/guardian cannot be reached in an emergency			
Full Name	**Relationship**	**Address**	**Cell Phone Number**

List medication currently prescribed by participant's doctor: ___________________________________

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2. **Health Conditions (circle all applicable)**

Asthma **Diabetes** **Epilepsy** **Brain Injury** **Hearing Impaired** **Vision Impaired**

Other (specify): ____

3. **Dietary Restrictions/Allergies**

Can he/she 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
☐ High ☐ Medium ☐ Low	☐ High ☐ Medium ☐ Low	☐ High ☐ Medium ☐ Low	☐ High ☐ Medium ☐ Low

Behavior Information

Problem Behaviors	Consequences & Discipline Plan	Reinforces & Reward System
☐ Runs away ☐ Screams/Yells ☐ Uses Profanity ☐ Touches others inappropriately ☐ Aggressive to self (scratches, hits, bites, pulls hair) ☐ Aggressive to others (spits, scratches, hits, bites, pulls hair) ☐ Others (specify): ____________	☐ I do not have a discipline plan ☐ Redirect ☐ Time Out ☐ Loss of Privileges ☐ Spanking ☐ Loss of Items (e.g., toys/games, TV, computer) ☐ Others (specify): ____________ ____________ ____________ ____________	☐ Praise ☐ Food ☐ Books/Toys/Games ☐ Privileges ☐ Tangible Rewards (e.g., stickers, wristbands) ☐ Kidslife Dollars ☐ Others (specify): ____________ ____________ ____________ ____________

Strategy used for calming? (e.g., during a tantrum, when he/she is afraid)? ____________________

____

What are the triggers? ____

____

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

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