

SAMPLE RESPITE REGISTRATION FORM



We are so excited to enjoy your child at **BREATHE Respite!** In order to ensure your child has the best experience possible, please answer the following questions. This will help our volunteers understand your child better and ensure they have an excellent experience.

Thank you for using BREATHE Respite. We hope you enjoy your well-deserved break!

Contact Information (*) denotes a required field

Parent/Caregiver Name*

Email*

Address*

City* _____ State* _____ Zip* _____

Phone* (_____) _____ - _____

Child Information (please complete a separate form for each child with special needs and each typically-developing sibling)

Name*

Date of Birth*

Questions

Does your child have any food allergies? If so, please explain.* _____

We want your child to have a wonderful experience with us! We realize that at times kids can become over-stimulated or require some re-direction. What techniques, words or gestures do you use to re-direct?

Are there any behaviors/symptoms we should be aware of in order to provide the best care for your child? (i.e. child may seem distant before a seizure, etc.)*

Please give us the name and contact information for your child's physician in the event of an emergency.*

Here is your chance to dote on your kids! Tell us all the fun stuff – favorite hobbies, animals, colors, favorite friend, what do they do best? This info helps volunteers break the ice!*

In order to make sure we can reach you, we ask all participating families to have a cell phone with them during BREATHE. Could you please provide the number(s)?*

What tasks (if any) does your child require additional assistance with? (i.e. going to the bathroom, eating, etc.) What does that assistance look like?*

Is your child verbal? If not, are there any methods being used to facilitate communication? (i.e. sign language, dynavox, boardmaker, etc.)*

Does your child have a set behavior plan we should be aware of such as a bathroom schedule?*

Please describe any special needs or requirements your child may have so that we know how to better serve them.*

Any Additional Information

Please add any additional information here that may help us to make your child's experience more comfortable.

THE NEXT STEP: Join us at Breathe!

After completing this form, you will receive an email regarding your registration. **You do not need to respond to this**, for it is our way of thanking you for your willingness to be a part of Breathe.