



Family Information Form

This form provides a template of suggested questions you may want to include on a family information or intake form. It can be used both by places of worship as a preliminary information form, or by a family wanting to provide information to the place of worship. Please feel free to modify it to meet your needs.

Full Name: _____ Date: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Preferred Contact (circle all that apply): Home Phone Cell Phone Email Mail

Is there any specific information you would like to provide about your family? (interests, needs, concerns, etc.)

I would like information on:

- | | |
|---|--|
| <input type="checkbox"/> Worship Services | <input type="checkbox"/> Opportunities to Serve |
| <input type="checkbox"/> Worship Alternatives | List areas of interest: |
| <input type="checkbox"/> Religious Education for Children | _____ |
| <input type="checkbox"/> Religious Education for Teens | _____ |
| <input type="checkbox"/> Religious Education for Young Adults | <input type="checkbox"/> Pastoral Care/Counseling |
| <input type="checkbox"/> Religious Education for Adults | <input type="checkbox"/> Social Services (food, clothing, education) |
| <input type="checkbox"/> Senior Programs & Services | |

Child #1

Name: _____

School Grade: _____ Date of Birth: _____

Allergies: _____

Special Interests: _____

Special Requirements: _____

Child #2

Name: _____

School Grade: _____ Date of Birth: _____

Allergies: _____

Special Interests: _____

Special Requirements: _____

Child #3

Name: _____

School Grade: _____ Date of Birth: _____

Allergies: _____

Special Interests: _____

Special Requirements: _____

Child #4

Name: _____

School Grade: _____ Date of Birth: _____

Allergies: _____

Special Interests: _____

Special Requirements: _____



Special Friends Form

This form provides a template of suggested questions you may want to include on a supplemental information or intake form for individuals with special needs or disabilities. It can be used both by places of worship as a preliminary information form, or by a family wanting to provide information to the place of worship. Please feel free to modify it to meet your needs.

Name: _____ Date: _____

School Grade: _____ Date of Birth: _____

How would you describe the special need or disability? _____

Allergies: _____

Please describe any emergency allergy treatments: _____

Please indicate assistance needed, if any:

- Transportation
- Mobility
- Eating/Drinking
- Personal Hygiene or Toileting
- Sign Language
- Braille
- Assisted Communication Device
- Other: _____

Please describe any behavior issues, if any, and how you address them: _____

Please list favorite activities, interests, etc.: _____

Preferred environment: (check all that apply)

- Small Group
- Large Group
- One on One
- Small Group with buddy
- Large Group with buddy