

# FRIENDS ON FRIDAY Family Application

Eligibility for Christ Community Church Friends On Friday program is valid for one year only.  
New applications must be submitted each year.

**A Family application form must be completed and reviewed by the Director prior to the first night of participation. Children who have completed high school are no longer eligible to attend. Participants must re-apply each year. Friends On Friday is a "first come, first serve" event. Parents are required to make reservations for each event.**

Return to: Emily Schmad, Christ Community Church, 404 So. 108<sup>th</sup> Avenue, Omaha, NE 68154-2662,  
402-960-7800, [emilyschmad@hotmail.com](mailto:emilyschmad@hotmail.com)

**Child's Name** \_\_\_\_\_ Dad/Cell # \_\_\_\_\_

Mom/Cell # \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

School attending \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

Home phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

### **Siblings**

Name	Date of Birth	Hobbies/Interests
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please describe your child's challenges or diagnosis that qualifies him/her for this program:**

**What challenges does your special needs child present that are an obstacle when trying to find a baby-sitter?**

**Please complete the following with your special needs child in mind:**

My child enjoys:

Please don't ask my child to:

My child participates more when:

My child needs encouragement to:

Please describe your child's toileting skills:

Please describe eating restrictions or special requests:

Please note any sleeping habits or self-soothing behaviors:

Please describe any difficulties your child may have in expressing him/herself:

Please describe any difficulties your child may have in understanding language:

My child is best comforted by:

My child will prefer to let you know his/her needs by:

Please tell us about any adaptive equipment your child uses:

Please indicate any of the following behaviors that your child may demonstrate:

- outgoing
- shy
- plays in groups
- prefers to play alone
- has a hard time with transitions or new situations
- sometimes destructive
- sometimes hits, bites, or otherwise hurts others
- sometimes hurts self
- self stimulates
- sometimes tries to run away
- impulsive in many ways
- requires more physical movement
- often uses mouth to test objects
- fatigues easily
- separation fears
- seizures
- auditory or visual hallucinations

Child's favorite toys \_\_\_\_\_

Specific fears or dislikes \_\_\_\_\_

List all medications your child is currently taking: \_\_\_\_\_

List any allergies your child has: \_\_\_\_\_

Please tell us anything else we need to know about your special needs child:

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**Please complete the following with your other children in mind (if attending Friends On Friday):**

**Name** \_\_\_\_\_  
Enjoys \_\_\_\_\_  
Dislikes \_\_\_\_\_  
Any special requests or needs \_\_\_\_\_

Allergies: \_\_\_\_\_

**Name** \_\_\_\_\_  
Enjoys \_\_\_\_\_  
Dislikes \_\_\_\_\_  
Any special requests or needs \_\_\_\_\_

Allergies: \_\_\_\_\_

**Name** \_\_\_\_\_  
Enjoys \_\_\_\_\_  
Dislikes \_\_\_\_\_  
Any special requests or needs \_\_\_\_\_

Allergies: \_\_\_\_\_

**Name** \_\_\_\_\_  
Enjoys \_\_\_\_\_  
Dislikes \_\_\_\_\_  
Any special requests or needs \_\_\_\_\_

Allergies: \_\_\_\_\_

**Name** \_\_\_\_\_  
Enjoys \_\_\_\_\_  
Dislikes \_\_\_\_\_  
Any special requests or needs \_\_\_\_\_

Allergies: \_\_\_\_\_

**Name** \_\_\_\_\_  
Enjoys \_\_\_\_\_  
Dislikes \_\_\_\_\_  
Any special requests or needs \_\_\_\_\_

Allergies: \_\_\_\_\_

**Please read the following statements carefully and initial in the designated space indicating that you have read, understand and agree to the provision.**

\_\_\_\_\_ I have fully disclosed to Christ Community Church all pertinent facts about my child(ren)'s special needs and accept full responsibility for failure to do so.

\_\_\_\_\_ I understand that care for my child(ren) will be provided by volunteers.

\_\_\_\_\_ I understand that a medical professional (physician, nurse practitioner, or nurse) will be on call to Christ Community Church during the Friends On Friday event.

\_\_\_\_\_ I understand that I will be expected to pick up my child as soon as possible in the event he/she is unusually inconsolable after a reasonable period of time, or demonstrates seizure activity; fever; aggressive behavior toward self/others; non-aggressive, self-harming behavior, such as biting; or severe asthma symptoms.

\_\_\_\_\_ I understand that if a medical emergency or accident occurs, 911 will be called. I authorize any emergency personnel to administer any medical treatment, medication, or appliance deemed necessary. I also authorize transportation by emergency personnel to the appropriate medical facility. I understand that I will be responsible for payment of all 911, hospital, and physician charges for emergency services to my child.

\_\_\_\_\_ I consent to have Friends On Friday staff administer medications and treatments for my children as directed or needed in the event of a minor injury.

\_\_\_\_\_ I will supply all necessary food, drinks, snacks, and diapers for my child(ren).

\_\_\_\_\_ I will provide contact information at every Friends On Friday event.

\_\_\_\_\_ I understand that my child(ren) may be denied participation at one or all Friends On Friday events based on presenting illness (at a Friends On Friday event); parent's failure to provide necessary supplies, information regarding the care of my child(ren), or emergency contact information; or medical/behavioral issues that jeopardize the safety of my child(ren) or others.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each.

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**Parent Signature Date**

**Emergency Contact Agreement:**

Should I need to be contacted regarding the immediate care of my child(ren), you may contact me:

\_\_\_\_\_ via pager # \_\_\_\_\_

\_\_\_\_\_ via cell phone # \_\_\_\_\_

In case of an emergency, the following persons may be called and are authorized to pick up my child: (At least one person MUST be provided and positive identification MUST be provided before your child will be released).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**Publicity Release:**

Friends On Friday would like to have a bank of photos to utilize for outreach in the community:

Please initial your preference below:

\_\_\_\_\_ I DO give permission for (please list all children separately): \_\_\_\_\_  
\_\_\_\_\_ to be photographed.

\_\_\_\_\_ I DO NOT give permission for (please list children separately): \_\_\_\_\_  
\_\_\_\_\_ to be photographed.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**