

ACCESS VACATION BIBLE SCHOOL ADULT INTAKE QUESTIONNAIRE

Access Vacation Bible School for people with disabilities is open to all ages 6+ (including adults), taking place August 13 & 15 from 10AM-Noon at St James Episcopal Church. All are welcome regardless of race, color, national origin, or any other attribute.

I. Primary Information

Participant's name: _____

Preferred Name: _____

D.O.B.: ___/___/___ Age: _____ Gender: _____

Address: _____

Primary Contact Name(s): _____

Phone: _____

Other Phone: _____

E-Mail: _____

I live with: _____ Both Parents _____ Mother _____ Father
_____ Grandparents _____ Guardian _____ Group Home

Home church (if applicable): _____

Name(s) of approved person(s) to pick person up:

II. Care Needs

Physical:

Medical Diagnosis (if any):

Allergies: _____

Food Sensitivities: _____

Epilepsy / Seizures: Y/ N If yes, please describe

Vision Impairment: Y / N Hearing Impairment: Y / N

Physical / Motor Impairment: Y / N

Communication:

Can communicate with others using:

Sentences	Words	Babbling	Gestures
Sign Language	AAC Device		

Can understand what others say:

Always	Most of the Time	Some of the Time
Does not Understand		

Self-Care Needs:

Restroom Needs: Independent

Needs Assistance If needs assistance, call caregiver? Y / N

Eating Needs: Independent Needs Assistance

No Food Please No Drink Please

Additional information:

III. *My interests include (circle as many as you like):*

Reading books Playing games Music
Arts & Crafts Going for walks Helping
Sports Technology Working
Shopping Baking/Cooking Watching Movies

Other: _____

I get frustrated when/by (circle as many as you like):

Loud noises Bright light
Darkness
Being touched People in my personal space
Lots of talking
I'm hungry/I'm thirsty I'm tired
I don't understand

Other: _____

You can help me calm down by (circle as many as you like):

Talking to me Hugs Quiet time
Food/drink High-fives Using technology
Music Videos Personal item from home

Other: _____

IV. Permission/Authorization Agreement

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

_____ I have fully disclosed to St James Episcopal Church all pertinent facts about _____'s needs while attending church activities.

_____ I will supply special snacks, drinks, toys, chews, communication devices, and/or physical devices if they are needed.

_____ I understand the nature of the program and do hereby release St James Episcopal Church and its representatives from any liability due to accident or injury incurred by

_____.

_____ I authorize St James Episcopal Church to publish photos of _____ (without his/her name) on the SJEC website, SJEC social media, and/or SJEC brochures for promotional purposes only.

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

Signed: _____

Date: ____/____/2024

If you have any questions, please contact Co-Director Eleanor Agnew at 920-973-5005 or agneweleanor@yahoo.com