CARE FORM

Here in Kidsview, we want to ensure every child feels safe and welcome, is engaged and has their needs met. Please fill out this form to the best of your knowledge so we can keep it on file and update our support team on how to better support your child.

Child's Name: _____ Age: _____ Grade: _____

Does your child attend school? Yes ☐ No ☐

Are they currently receiving support at their school? Yes ☐ No ☐

Please tell us about your child and their specific needs. (if any)

We would love to hear about your culture. Or if there is anything that may help your support your child better.

Can they have a snack with us? Yes ☐ No ☐

Any allergies or sensitivities that we need to be aware of? Yes ☐ No ☐
(if yes, please explain below)

Can they use the washroom by themselves? Yes ☐ No ☐

Please list a few activities that your child enjoys or may help them regulate better.

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We want to ensure all of our kids stay safe. We teach, show love through our actions and do activities to promote “hands off” learning and experiences. Sometimes, if a child is put into an unsafe situation or puts others in an unsafe situation, we need to touch a child or protect them with our hands. Please sign below to give our trained volunteers permission to help and support your child as deemed necessary.

I _____ parent/guardian of _____
(print name) (child’s name)

give full consent to the volunteers of Kingsview Church permission to protect, remove or put hands on my child only if absolutely necessary or as a last resort. I will not hold Kingsview Church, its participants or volunteers responsible in any way.

Signed: _____ Date: _____

If you would like to discuss any personal information about your child further, please reach out to:
joyce@kingsviewchurch.com