

# Buddy Information Form

Date\_\_\_\_\_

*The questions below are asked for the benefit of your child. They will equip us to provide the best and safest classroom environment.*

**Important:** Please answer the questions below that apply to your child, and mark any questions that do not apply to your child with N/A

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Does your child have a special needs diagnosis? If yes, please explain.

Is your child potty-trained?

Does your child have any allergies or dietary limitations?

Is your child prone to seizures?

(Complete this sentence.) When my child is agitated/stressed/overstimulated I calm them by...

Is your child sensitive to touch, sound, light, movement, other? If yes, please describe the response they will likely have.

How does your child communicate best? Single words Phrases Sentences  
Gestures Sign Language Communication Board  
Tablet Other (Please Explain)

I (parent/guardian) should be contacted immediately if my child is:

How should we correct your child if they are misbehaving? (We cannot employ any physical correction.)

Is there anything else that we should know to better serve your child?

I, \_\_\_\_\_, authorize Victory Life Church to take a picture of my child for the Buddy Information form.

Parent/Guardian Signature \_\_\_\_\_