

Dauphin Way United Methodist Church, Mobile, AL
Joy for Johnny Respite Care Ministry

Information for the Parents:

Thank you for your interest in *Joy for Johnny*, a special ministry of Dauphin Way UMC! *Joy for Johnny* is a ministry for families that have children with special needs. It exists to provide a brief respite for your family. We encourage you to use this time to your advantage. There is no cost to you.

1. *Joy for Johnny* Respite Care is on the second Saturday of every month in McGowin Hall at Dauphin Way United Methodist Church, Mobile, AL. McGowin Hall is located on the Catherine St. side of campus. You can enter into the double doors and registration will be in the foyer.
2. The program is from 4:00 pm to 8:00 pm.
3. Application *and* registration of your child(ren) are **required no later than 12:00 p.m. on the Wednesday before the Saturday of the program**. Because of how the ministry is designed, we cannot accept walk-ins. Call Christina Burford at 225-715-9747, Cameron Riley at 251-776-0045 or email cgary924@gmail.com for reservations or questions.
4. We are prepared to receive children with developmental and physical disabilities.
5. Parents should bring dinner for their child(ren). Because of allergies, dislikes and nutritional needs, we do not provide dinner for the children. Occasional snacks are given (with prior notice).
6. Please also supply any other special snacks, drinks, and diapers/wipes for each child as needed. Sometimes an extra set of clothes is helpful as well. Please label all personal items and bags.
7. If your child is ill, please follow the same guidelines as your child's school before bringing him/her.
8. As much as possible, each volunteer will work with the same child each month. We will ask you to "train" your child's volunteer (e.g., any special medicines, procedures, behaviors, precautions, etc.), because you will be the best source of information about *your* child. Some nurses and specialists may be available, but most volunteers will get their training from you. You are welcome to stay at the church for as long as you need with your child and the volunteer until you feel comfortable.
9. With this application, we would like a photo of your child(ren) to keep on file. This will help the staff and volunteers better identify your child(ren) and know them better, especially when they arrive the first time.
10. In case of a rare emergency or accident, 911 will be called. When you sign the liability release form, you authorize EMS to administer any medical treatment, medication or appliance deemed necessary by EMS. You also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. You understand that you will be responsible for payment of all EMS, hospital and physician charges for emergency services to your child.

Return application to Christina Burford or Cameron Riley at:
Dauphin Way United Methodist Church
1507 Dauphin Street, Mobile, AL 36604
251-471-1511
www.dwumc.org/joyforjohnny

Please attach photo

JOY FOR JOHNNY
DAUPHIN WAY UNITED METHODIST CHURCH
Application

Date of this application: _____

Child's Name (Last, First Middle): _____, _____
_____ is the name preferred

Birthday: _____ Age: _____ Weight: _____

Diagnosis or Symptoms: _____

Parents' Name: _____

Address (street, city, zip): _____

Email: _____

Home Phone: _____ Alt. phone: _____

Dad's cell phone: _____ Dad's work phone: _____

Mom's cell phone: _____ Mom's work phone: _____

How can we contact you while your child is at Joy for Johnny?: _____

Siblings who will attend Joy for Johnny: (See separate sibling application)

Table with 3 columns: Name (goes by), Birth date, Favorite Color. Includes three rows of blank lines for entry.

How did you hear about Joy for Johnny? _____

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IN THE EVENT OF AN EMERGENCY AND I CANNOT BE REACHED, THE FOLLOWING PERSON MAY BE CALLED AND IS AUTHORIZED TO PICK UP MY CHILD(REN).

Positive identification must be provided before your child(ren) will be released.

Name: _____ Relationship: _____

Phone Number: _____
~ ~ ~ ~ ~

Doctor's Name: _____ Hospital Pref.: _____

Phone Number: _____ or _____

Other emergency contact: _____ Phone Number: _____

1. ACTIVITIES

Activities my child likes: (music, stories, coloring, painting, physical games, independent play, group activities, reading, being read to, etc.) _____

My child needs encouragement to: _____

My child does not enjoy: _____

Please don't ask my child to: _____

My child is afraid of: _____

My child learns best when the teacher: _____

My child participates more when the teacher: _____

2. PHYSICAL NEEDS

VISION:

- Normal
- Uses glasses
- Blind

HEARING:

- Normal
- Impaired
- Deaf
- Hearing Aid

MOTOR ABILITY:

- Normal
- Head Control
- Rolls Over
- Sits
- Crawls
- Cruises
- Crutches
- Braces
- Walks
- Wheelchair
- Walker

TOILETING SKILLS:

- Toilets Independently
- Needs Help; Staff can help by: _____
- Potty Trained, needs assistance
- Currently being potty trained
- Diapers: cloth disposables pull-ups

EATING HABITS: *Please note, parents provide supper for their children attending *Joy for Johnny*

- No Restrictions
- Allergies: Food _____ Other _____
- Can take nothing by mouth
- Soft Foods only
- Bottle only
- Specific requests: _____

SLEEPING HABITS:

- Likely to want to sleep before 8PM crib cot
- Enjoys rocking
- Change to sleepwear

3. COMMUNICATION WITH OTHERS:

COMMUNICATES WITH OTHERS USING:

- Speech: words phrases sentences
- Babbles
- Gestures
- Sign language
- Other (describe): _____

CAN UNDERSTAND WHAT OTHERS SAY:

- All of the time
- Most of the time
- Some of the time
- Other: _____

BEHAVIOR: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Plays in groups | <input type="checkbox"/> Hyperactive and/or ADD |
| <input type="checkbox"/> Adapts to new situations well | <input type="checkbox"/> Adapts to new situations with difficulty |
| <input type="checkbox"/> Responds to correction well | <input type="checkbox"/> Responds to correction with difficulty |
| <input type="checkbox"/> Is sometimes destructive | <input type="checkbox"/> Sometimes threatens others |
| <input type="checkbox"/> Sometimes hits, bites, or hurts self/others | <input type="checkbox"/> Sometimes attempts to run away |

My child responds to separation from his/her parents by: _____

My child is best comforted by: _____

My child lets someone know what he/she wants or needs by: _____

4. SPECIAL MEDICAL NEEDS:

My child requires the following medical equipment: _____

My child requires care from a nurse:

- Never
- Only when (please specify): _____
- All the time

My child is taking the following medication: _____

Other medical information about my child: _____

5. OTHER THINGS I'D LIKE YOU TO KNOW ABOUT MY CHILD:

We have a pet (pets), named: _____

Favorite toy/stuffed animal (describe or name): _____

Will be with child: Yes No

Favorite color is: _____

Other dislikes: (example: dogs, loud sounds, certain food or activity): _____

Other siblings **not** at *Joy for Johnny*: _____

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Staff Review: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Assigned: \_\_\_\_\_

**RELEASE FROM LIABILITY AND  
AUTHORIZATION FOR EMERGENCY TREATMENT**

In consideration of my child or children’s participation in the program known as “Joy for Johnny” (“Program”) and to the extent by law, I the undersigned parent or legal guardian hereby consent for said child or children to participate in Dauphin Way United Methodist Church’s (“Church”) Program and hereby release, discharge and exonerate Church, and all of its officers, employees, staff, volunteers and agents from any and all liability of any kind or character arising out of said child or children’s participation in the Program and its activities, or any accident, illness or injury resulting therefrom, and agree to defend, indemnify and hold harmless the Church and its officers, employees, staff, volunteers and agents from and against any and all such claims, if any.

I further consent for Church, its employees, staff, volunteers or agents to secure emergency medical treatment for my child or children which may be considered to be necessary in accordance with generally accepted standards and medical practices for the particular type of injury or illness involved.

This Release and Authority for Emergency Treatment shall be valid and binding until expressly revoked in writing.

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Child’s Name

**Acknowledgment**

This Release and Authority for Emergency Treatment entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent or Legal Guardian

STATE OF ALABAMA)

COUNTY OF MOBILE)

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Dauphin Way United Methodist Church  
*Joy for Johnny* Respite Care Ministry

Consent for Photography

Photography is utilized at *Joy for Johnny* for 2 primary reasons:

1. To develop a pictorial journal of the development of this ministry, and
2. To utilize positive media communications to inform the congregation and the community of this ministry.

The use of your name and your picture is strictly voluntary.

Please indicate your permission to utilize your picture or your child's picture for publicity of *Joy for Johnny* in brochures, articles, the church website, and other media.

I (circle one) DO / DO NOT give permission for my photograph or my child's (children's) photograph to be used or released for purpose of media coverage and/or publicity.

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Signature

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Date

This form will remain on file unless you tell *Joy for Johnny* that you no longer give this permission.

Please attach photo

*JOY FOR JOHNNY*  
DAUPHIN WAY UNITED METHODIST CHURCH  
Sibling Information Form

Date: \_\_\_\_\_

CHILD'S NAME (Last, First Middle): \_\_\_\_\_,  
\_\_\_\_\_ is the name preferred      BIRTHDAY: \_\_\_\_\_

PARENTS' NAME: \_\_\_\_\_

SIBLINGS NAMES (AT JOY FOR JOHNNY): \_\_\_\_\_

ACTIVITIES MY CHILD LIKES: (music, stories, coloring, painting, physical games, independent play,  
group activities, reading, being read to, etc.) \_\_\_\_\_

MY CHILD NEEDS ENCOURAGEMENT TO: \_\_\_\_\_

MY CHILD DOES NOT ENJOY: \_\_\_\_\_

PLEASE DON'T ASK MY CHILD TO: \_\_\_\_\_

MY CHILD IS AFRAID OF: \_\_\_\_\_

MY CHILD LEARNS BEST WHEN THE TEACHER: \_\_\_\_\_

MY CHILD PARTICIPATES MORE WHEN THE TEACHER: \_\_\_\_\_

*Please turn over and complete other side*



TOILETING SKILLS:

- Toilets Independently
- Needs Help; Staff can help by: \_\_\_\_\_
- Potty Trained, needs assistance
- Currently being potty trained
- Diapers:         cloth         disposables         pull-ups

EATING HABITS: \*Please note, Parents provide supper for their children attending *Joy for Johnny*

- No Restrictions
- Allergies:        Food \_\_\_\_\_ Other \_\_\_\_\_
- Soft Foods only
- Bottle only
- Specific requests: \_\_\_\_\_

SLEEPING HABITS:

- Likely to want to sleep before 8PM     crib         cot/mat
- Enjoys rocking
- Change to sleepwear

My child is taking the following medication: \_\_\_\_\_

Other information about my child: \_\_\_\_\_

We have a pet (pets), named: \_\_\_\_\_

Favorite toy/stuffed animal (describe or name): \_\_\_\_\_

Favorite color is: \_\_\_\_\_

Other dislikes: (example: dogs, loud sounds, certain food or activity): \_\_\_\_\_

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Staff Review: _____ Date: _____

Volunteer Assigned: _____