



Night Owls Child Registration and Child's Special Information

Please complete one form for EACH of your children attending Night Owls. Return this form and the Family Acknowledgment form to the attention of the Night Owls Family Coordinator at the address or fax number located in the footer.

Today's Date: _____

Returning Family ☐ New Family ☐

I. CONTACT INFORMATION

1. Child's name

Last name	First name	Middle name
_____ is preferred name or nickname and pronouns.		

2. Birth date _____ Age _____

3. Parent/Guardian's name(s) _____

4. Address(es) _____

5. City, state, zip _____

6. Home phone _____ Cell Phone: _____

7. Contact number to use while child is at Night Owls _____

8. Email _____

9. Our family will participate in evaluation of this program, which will include short surveys to be completed prior to and after our participation in the program. This information will be used to establish the program permanently and guide modifications to the program as needed.

(please circle): YES or NO

10. Siblings who are attending Night Owls

Names & Pronouns	Current Age	Birthday
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. In the event of an emergency, the following person may be called and is authorized to pick up my child (in addition to myself). ***Proper identification must be provided before your child will be released from Night Owls.***

Name _____ Relationship _____

Phone number _____

12. Child's Physician _____ Telephone: _____

13. Please indicate if your child is taking any medications: (Please circle): YES or NO
If yes, please indicate the name of the medications and the dosage: _____

NIGHT OWLS

A respite program for families with children with special needs

Return forms to: The Fisher Early Learning Center 1899 East Evans Avenue Denver, CO

80208 www.du.edu/fisher/nightowls.html NightOwls@du.edu Fax: 303.871.7805

13a. I hereby give permission for my child to take the above listed medication for illness or health problems while at Night Owls. (All medication will be provided by the child's family) (Please circle): YES or NO

****If applicable, please note that a medication authorization form signed by your physician must be submitted before your child can attend a Night Owls event. This form is entitled "Medication Administration Form" and can be found on our website: <http://www.du.edu/fisher/nightowls/index.html>***

14. How did you find out about Night Owls? _____

15. Does your child have a *diagnosed medical condition, disability, or delay*? If so, describe the nature of your child's emotional, behavioral, physical, communication, and/or cognitive needs.

****If your child has special needs, it is very important that this question be answered thoroughly so that the coordinator can accurately match your child with the best possible volunteer, as well as provide the nurse with all pertinent information.***

*******Please Answer the following questions for both children with special needs as well as typically developing children.**

II. ACTIVITIES

16. Activities my child likes (music, stories, coloring, physical games, independent play, group activities, etc.) ...

17. My child needs encouragement to ...

18. My child does not enjoy ...

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19. Please don't ask my child to ...

20. My child learns best when ...

21. My child participates more when the teacher (or adult) ...

III. PHYSICAL NEEDS

22. Vision ☐ Within typical range ☐ Impaired ☐ Blind
Hearing ☐ Within typical range ☐ Impaired ☐ Deaf ☐ Hearing Aid
Motor Skills

Has the following skill or can:

☐ Head ☐ Roll
☐ control ☐ over ☐ Sit ☐ Crawl ☐ Cruise ☐ Walk

Uses these assists

☐ Walker ☐ Crutches ☐ Braces ☐ Wheelchair ☐ Other

23. Toileting Skills

☐ Uses the toilet independently
☐ Potty trained, needs assistance (Staff can help by ...)
☐ Currently being potty trained
☐ Uses diapers

24. Eating Habits

☐ allergies ☐ food ☐ other
☐ no restrictions
☐ can take nothing by mouth
☐ soft foods only

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_____ bottle only
_____ specific requirements/requests _____

25. Sleeping Habits

_____ likely to want to sleep before 9 pm crib _____ cot _____
_____ enjoys rocking
_____ change to sleepwear

IV. COMMUNICATION WITH OTHERS

26. Communicates with others using

_____ speech: _____ words _____ phrases _____ sentences
_____ babbles
_____ gestures
_____ sign language (*Please note any child-created signs that might be helpful for staff to understand.*) _____
_____ other (*Please describe, i.e. talker, PECS, eye gaze, grunts, etc.*) _____

27. Can understand what others say:

_____ all of the time
_____ most of the time
_____ some of the time

V. BEHAVIOR

28. Please check all that apply:

_____ outgoing
_____ shy
_____ adapts to new situations well
_____ adapts to new situations with difficulty
_____ responds to correction well
_____ responds to correction with difficulty
_____ sometimes destructive
_____ sometimes threatens others
_____ sometimes hits, bites, or hurts self/others
_____ sometimes attempts to run away
_____ hyperactive
_____ has difficulty attending

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

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30. My child is best comforted by:

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

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

32. Brothers and sisters

Name

Age

Birthday

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

33. We have a pet(s), named

34. Favorite toy/stuffed animal

(Please describe or name)

Will toy/stuffed animal accompany child? (Please circle): YES or NO

35. Favorite color is:

36. Fears or dislikes (ex. loud sounds, animals, certain foods or activities)

37. My child is best at

38. What I hope my child gets from his/her Night Owls experience is

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VII. UNDERSTANDINGS / AUTHORIZATIONS

Please read the following statements carefully and initial each statement indicating that you have read, understand, and agree to the statement.

_____ I will provide all food, drink, and snack items for my child while attending Night Owls.
I understand that the staff cannot provide these items for my child. (No tree nuts)

_____ I will provide all diapers, clothing, and needed supplies for my child while attending Night Owls. I understand that the staff cannot provide these items for my child.

_____ I authorize Night Owls to administer medical assistance in case of an emergency. I understand that in case of an emergency or accident, 911 will be called. I authorize Emergency Medical Services (EMS) to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, if determined necessary. I understand that I will be contacted immediately by Night Owls staff via the phone numbers I provided at the check-in desk in the event of an emergency. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services to my child.

_____ I have fully disclosed to Night Owls (a program of the Fisher Early Learning Center at Colorado Seminary, which owns and operates the University of Denver) all pertinent facts about my child's special needs, and I accept full responsibility for failure to do so.

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

VIII SIGNATURE.

I certify that the information given on this registration is complete and accurate. I understand that providing false, misleading or incomplete information will be the basis for denial of participation in the Night Owls program.

Parent/Guardian Signature

Date

Staff Review Signature

Date

Please note: A Night Owls team member will be in touch with you once we receive your child(ren)'s registration forms regarding the availability of spaces for the upcoming evenings, and will provide further information on the evenings at that time.

Thank you for your interest in Night Owls!

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