

SIBLING



Share the Fun Become a Pumpkin Patch Kid!

Who are the Pumpkin Patch Kidz? Children ages 6 months to 12 years living in Garfield County who have special needs or are the sibling of a child with special needs.

What happens when I become a Pumpkin Patch Kid? Each Pumpkin Patch kid is assigned their own personal buddy who will spend 3 hours once a month playing with them at Christ United Methodist Church where fun activities, games & toys will be provided.

Why is this important for my family? Life as a parent can be exhausting in the best of times. And children with special needs often have fewer opportunities for community based fun and play. The Pumpkin Patch Kidz program is a free service that provides not only 3 hours of fun for the kids, but 3 hours of vital free time for their parents to rest, reconnect, & recharge.

How do I get involved? Just complete the attached application and tell us about your child. Additional packets are available to tell us your child with special needs. Mail completed packets to the address at the end of the packet or drop them by the Christ United Methodist Church office weekdays from 8:30 a.m. to noon (2418 W. Randolph, Enid).

What happens after I apply? Once your application packet(s) have been processed, Carissa Rainey, Volunteer Coordinator, will contact you to match you up with Pumpkin Patch Buddies. Respite sessions will occur the 3rd Friday of each month from 6-9 p.m. beginning in April, 2012. You are encouraged to "train" your child's buddy to meet their specific needs and can stay as long as you like at the respite session until everyone is comfortable.

I have more questions, who can I call? You can contact Carissa Rainey at 580-603-0754 or Lisa Simmons at 580-603-1580.

Please attach photo
of this child

Pumpkin Patch Kidz
CHRIST UNITED METHODIST CHURCH
Sibling Information Sheet (1 per child)

DATE OF APPLICATION: _____

CHILD'S NAME: _____

_____ is the name preferred BIRTHDAY: _____

PARENTS' NAME: _____

Siblings who will attend Pumpkin Patch Kidz:

<u>Name</u> (nickname)	<u>Current Age</u>	<u>Birth date</u>	<u>Favorite Color</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____

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 SNACKS FOR THEIR CHILDREN ATTENDING *PUMPKIN PATCH KIDZ*.

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

SLEEPING HABITS:

- Likely will need nap during Pumpkin Patch Kidz crib cot
- Enjoys rocking
- Change to sleepwear

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: _____

MY CHILD IS TAKING THE FOLLOWING MEDICATION: _____

OTHER MEDICAL INFORMATION ABOUT MY CHILD: _____

WE HAVE A PET, 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): _____

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

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

RELEASE FROM LIABILITY AND  
AUTHORIZATION FOR EMERGENCY TREATMENT

In consideration of the undersigned child's participation in the above program and to the extent allowed by Law, we hereby consent for said child to participate in the Christ United Methodist Church program known as "Pumpkin Patch Kidz" and hereby release said Church, and all of its officers, employees, paid and unpaid staff (volunteers), from any and all liability or any kind of character arising out of said child's participation in such program and its activities, or any accident, illness or injury resulting therefrom, and agree to indemnify and hold harmless the Church and its officers, employees, paid and unpaid staff (volunteers) from and against any and all such claims, if any.

I (We) further consent for any adult leader of said activity to secure emergency medical treatment for my child which may be considered to be necessary in a situation in accordance with generally accepted standards with medical practices for the particular type or injury or illness involved.

This Release and Authority shall be valid and binding for the activity in which said child participates unless previously revoked in writing.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Christ United Methodist Church  
Pumpkin Patch Kidz Respite Care Ministry

CONSENT FOR PHOTOGRAPHY

Photography is utilized at *Pumpkin Patch Kidz* 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 *Pumpkin Patch Kidz* 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 release for the 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 *Pumpkin Patch Kidz* that you no longer give this permission.