



Break Time application for families that include typically developing siblings.

Break Time: A respite program for parents & guardians of children with special needs. All of the children in the family are cared for and entertained to provide a true break for parents and guardians.

Mission

To provide respite care to families raising children with special needs. Local experienced caregivers and closely supervised volunteers provide oversight and supervision with help from a Registered Nurse. There is no charge but donations are encouraged. A Registered Nurse performs all medical procedures.

Who is eligible?

Any child or young adult, ages 3 months and up, living in Park or Teller counties, who has a special health care need, be it cognitive, medical, physical, sensory, or social-emotional, will be considered for Break Time. Siblings are highly encouraged to attend. Overall session safety is the overriding factor therefore we can not accept anyone that requires lifting. Children with significant behavioral challenges may not be able to be accommodated at this time due to the environmental limitations of the Woodland Park Break Time facility. If space is available, El Paso County families may also attend these sessions. Staff will determine who can attend by reviewing this application and matching each session's staffing with your child's needs. Attendance is tracked for all Break Time sessions and priority is given to those that have never attended and have not attended recently.

How does it work?

- ☼ Complete the registration packet and email it to Donna Richards ggdjrich@q.com. Email submissions must be scanned as low resolution PDF files. Other formats are too large. You may also mail completed packets to Woodland Park Break Time, c/o Donna Richards 1760 Springs Valley Dr Divide, CO 80814. Telephone inquiries may be directed to Donna Richards at 719-687-4393.
- ☼ We will confirm attendance for your child/children dealing with special needs.
- ☼ The Woodland Park Break Time will operate from 10:00 a.m. to 2:00 p.m. the first Saturday of the month. These sessions may not be held every month.
- ☼ Activities include arts & crafts, music, reading corner, dancing, entertainment and lots of fun.
- ☼ Meals and snacks must be provided by the families of the participants.

All participation must be confirmed prior to the sessions by the Break Time Staff.

*****There is no capability for unscheduled drop-offs.*****

Location for the Woodland Park Break Time
Mountain View United Methodist Church
1101 Rampart Range Road, Woodland Park, CO 80863



Break Time "With Siblings" Enrollment Form

All forms must be completely filled-out for all children before they can be registered for Break Time. Leave No Unanswered Questions or Blank Pages. Write N/A if not applicable.

Name of Child with Special Needs: _____ Nickname: _____ Male Female

Date of Birth: _____ Child's Primary Language (including ASL): _____

Is your child non-verbal? No Yes. If yes, how do they communicate with others? _____

Name of Parent(s) or Guardian(s): _____

Home Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact/Name and Phone #: _____

Child's Primary Medical & Behavioral Diagnoses: _____

Are All Immunizations up to Date? No Yes (If no, which are out-of date?) _____

List of Medications: *If any of these medications could possibly be given at Break Time (sessions times can range from 9 a.m. to 10 p.m.), you must complete the attached Medication Form.*

Medication: _____ Reason for taking: _____

Medication: _____ Reason for taking: _____

Medication: _____ Reason for taking: _____

Name of Child's Primary Care Physician: _____ Phone: _____

List any allergies or food aversions: _____

Describe any history or possibility of choking or aspirating while eating: _____

Does your child have frequent infections? No Yes, explain _____

Does your child have any history of seizures at any time in their life No Yes

If applicable, what will a seizure look like to a caregiver? _____

List & explain all special equipment that your child uses (i.e. wheelchair, oxygen, g-tube, tracheotomy, etc.):

Describe your child's toileting needs: _____



Sibling(s) attending Break Time: **Sibling enrollment forms are required for all siblings that will attend as well as parent permission slips and medication forms/behavioral forms that are applicable.**

Name _____ Male ___ Female ___ Age ___ DOB _____

Name _____ Male ___ Female ___ Age ___ DOB _____

Name _____ Male ___ Female ___ Age ___ DOB _____

Name _____ Male ___ Female ___ Age ___ DOB _____

Name _____ Male ___ Female ___ Age ___ DOB _____

Please provide us with any information that you would like us to know about your special needs child or typically developing siblings. Finish incomplete answers to previous or questions asked later below as well. If there is not enough space, please attach your narrative of important medical, behavioral, or any information that we may need to care for your child.

Your signature signifies that the information you have and will provide is, to the best of your knowledge, true and accurate.

(Signature of Parent or Guardian)

(Date)

For Office Use:

- Completed Enrollment Form(s) with signature and date (**required**)
- Completed Parent Permission Slip(s) with signatures (**required**)
- Completed Medication Form(s) (for any participant that requires meds during the session) (**required**)
- Completed Behavioral Questionnaire(s) (for the primary and any applicable siblings) (**required**)
- Insurance information, attached to Parent Permission slip (**highly desirable**)



Name of Child Dealing with a Disability: _____

Break Time Behavioral Questionnaire

Please answer all questions as honestly as possible. Behavioral issues will not exclude your child from attending Break Time. Please explain all Yes answers.

Does your child suffer from any of the following? (Check all that apply.)

- Mood swings (i.e. goes from great sadness to happiness)
- Very upset when left by parents
- Hears or sees what is not really there
- Pervasive Developmental Disorder
- Compulsions
- Soils self
- Obsessions
- Developmental Delays
- Eating problems
- Sleeping problems

Is your child difficult to manage when angry or upset? (i.e. hits self or others, destroys property, throws tantrums) No Yes, please explain _____

Has your child ever run away? No Yes, please explain _____

Is your child highly impulsive? No Yes, please explain _____

Has your child ever stolen items of value? No Yes, please explain _____

Has your child ever been cruel to animals, set fires, destroyed property on purpose, hit other children or adults resulting in injury? No Yes, please explain _____

Has your child ever been accused or caught by anyone sexually acting out upon him/herself or on other children/animals/objects? No Yes, please explain _____

Has your child ever voiced suicidal thoughts, tried to kill or seriously hurt him/herself? No Yes, please explain _____

Does your child have access to weapons in the home? No Yes, please explain _____

Has your child ever threatened to kill anyone or tried to kill anyone? No Yes, please explain _____

Does your child abuse alcohol or other drugs? No Yes, please explain _____

Does your child have any legal charges or convictions? No Yes, please explain _____

Has your child ever been physically or sexually abused? No Yes, please explain by whom and when _____

How do you handle your child's behavioral issues? _____

How does your child respond to your intervention? _____



Break Time Medication Form

Make copies of this blank if there are more than 2 medications to be administered.

Fill out this form completely and accurately.

Bring a sufficient amount of medication, in a current, prescription container. Over-the-counter medications, ointments and sunscreens must be delivered in original containers with instructions and warnings clearly visible. Medications that are brought to sessions in any other manner cannot be administered during Break Time or even left at the facility. You will have to choose between coming back at medication time or skipping a dose. The Registered Nurse must approve those options and may decide to reschedule your child. ****Caregivers do not administer or accept possession of any medications.****

Today's Date _____ Child's Name _____

Name of Medicine #1: _____ Dosage: _____

Reason the child needs the medication: _____

Method of Administration: _____

Any difficulties giving? (suggestions for nurse) _____

Times(s) to be given: _____

Side effects to watch for: _____

Does this medication need to be refrigerated? (please circle) Yes No

Name of Medicine #2: _____ Dosage: _____

Reason the child needs the medication: _____

Method of Administration: _____

Any difficulties giving? (suggestions for nurse) _____

Times(s) to be given: _____

Side effects to watch for: _____

Does this medication need to be refrigerated? (please circle) Yes No

Parent's Signature _____



Parent Permission Slip for Children with Special Needs

(Make copies for all applicable children.)

Break Time staff will call 911 to obtain emergency services for your child in any situation that is perceived to be life threatening. Please attach copies of all applicable insurance cards to avoid treatment delays.

The granted permissions and signed authorizations below are for my child, _____

Contact parent/guardian: Name _____

Phone number(s) where you can be reached: _____

Other desired action: _____

Child's Primary Care Physician: _____ Phone Number: _____

Please read and sign the following authorizations (Write "Not Approved" in the date for any denied permissions).

I give permission for my child to be photographed or videoed by TRE Staff, school/local newspaper or media should the situation arise. I also give permission for his/her name to be used.

Parent/Guardian _____ Date _____

In case of a non-life threatening emergency, illness, or accident, the staff of Break Time is authorized to provide transportation, including ambulance service deemed necessary by the Break Time staff which includes a registered nurse.

Parent/Guardian _____ Date _____

I authorize and consent to any medical diagnostic tests, procedures and treatment to be performed by an appropriate physician, relating to or arising out of any accident, illness, or injury occurring at, or in conjunction with, any Break Time activity.

Parent/Guardian _____ Date _____

Required for attendance if applicable: My child _____ uses a wheelchair, and I give my permission for caregivers and professional staff to push/operate his/her wheelchair under the supervision of the BreakTime staff.

Parent/Guardian _____ Date _____

Your child is receiving these services in cooperation with our local colleges. Details of his/her behavior, medical condition, or other provided information could be studied, evaluated, or written about by faculty or students. Your child's and family's identity will remain confidential and any copies of enrollment forms will have all names obscured.

I give my permission for college faculty and students to have access to my child's _____ name-obscured enrollment form copies and know that they may be used for classroom case studies.

Parent/Guardian _____ Date _____

I am willing to discuss more details about my child _____ with faculty and students. Confidentiality will be maintained for my entire family.

Parent/Guardian _____ Date _____

Per TRE policy, any granted permission can be immediately revoked by a parent, guardian or participant by any means of communication. This includes a verbal, written or digital notice to TRE.



Enrollment Form for siblings of child with special needs

Name of Parent(s) or Guardian(s): _____

Name of Child: _____ Nickname: _____ Male Female

Date of Birth: _____

Name of child's Primary Care Physician, if different from child with special needs: _____

Physician's Phone Number: _____

Medication: _____ Reason for taking: _____

Medication: _____ Reason for taking: _____

Medication: _____ Reason for taking: _____

If any of these medications could be given at Break Time, fill out the Medication Form for this child.

Does your child have any allergies? No Yes (If yes, please list) _____

Will your child need a nap during Break Time? No Yes What is his/her usual bedtime? _____

Does your child have any behavioral issues that we should know about? No Yes

If yes, please complete the attached Behavioral Questionnaire for this child.

Is there anything additional we should know about this child?: _____

Name of Parent(s) or Guardian(s): _____

Name of Child: _____ Nickname: _____ Male Female

Date of Birth: _____

Name of child's Primary Care Physician, if different from child with special needs: _____

Physician's Phone Number: _____

Medication: _____ Reason for taking: _____

Medication: _____ Reason for taking: _____

Medication: _____ Reason for taking: _____

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Will your child need a nap during Break Time? No Yes What is his/her usual bedtime? _____

Does your child have any behavioral issues that we should know about? No Yes

If yes, please complete the attached Behavioral Questionnaire for this child.

Is there anything additional we should know about this child?: _____

(Please make copies of this form if there are more than 4 typically developing siblings.)



Enrollment Form for siblings of child with special needs

Name of Parent(s) or Guardian(s): _____

Name of Child: _____ Nickname: _____ Male Female

Date of Birth: _____

Name of child's Primary Care Physician, if different from child with special needs: _____

Physician's Phone Number: _____

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Will your child need a nap during Break Time? No Yes What is his/her usual bedtime? _____

Does your child have any behavioral issues that we should know about? No Yes

If yes, please complete the attached Behavioral Questionnaire for this child.

Is there anything additional we should know about this child?: _____

Name of Parent(s) or Guardian(s): _____

Name of Child: _____ Nickname: _____ Male Female

Date of Birth: _____

Name of child's Primary Care Physician, if different from child with special needs: _____

Physician's Phone Number: _____

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Will your child need a nap during Break Time? No Yes What is his/her usual bedtime? _____

Does your child have any behavioral issues that we should know about? No Yes

If yes, please complete the attached Behavioral Questionnaire for this child.

Is there anything additional we should know about this child?: _____

(Please make copies of this form if there are more than 4 typically developing siblings.)



Parent Permission Slip for siblings of Children with Special Needs

(Make copies for all applicable children.)

Break Time staff will call 911 to obtain emergency services for your child in any situation that is perceived to be life threatening. Please attach copies of all applicable insurance cards to avoid treatment delays.

The granted permissions and signed authorizations below are for my child, _____

Contact parent/guardian: Name _____

Phone number(s) where you can be reached: _____

Other desired action: _____

Child's Primary Care Physician: _____ Phone Number: _____

Please read and sign the following authorizations (Write "Not Approved" in the date for any denied permissions).

I give permission for my child to be photographed or videoed by TRE Staff, school/local newspaper or media should the situation arise. I also give permission for his/her name to be used.

Parent/Guardian _____ Date _____

In case of a non-life threatening emergency, illness, or accident, the staff of Break Time is authorized to provide transportation, including ambulance service deemed necessary by the Break Time staff which includes a registered nurse.

Parent/Guardian _____ Date _____

I authorize and consent to any medical diagnostic tests, procedures and treatment to be performed by an appropriate physician, relating to or arising out of any accident, illness, or injury occurring at, or in conjunction with, any Break Time activity.

Parent/Guardian _____ Date _____

Required for attendance if applicable: My child _____ uses a wheelchair, and I give my permission for caregivers and professional staff to push/operate his/her wheelchair under the supervision of the BreakTime staff.

Parent/Guardian _____ Date _____

Your child is receiving these services in cooperation with our local colleges. Details of his/her behavior, medical condition, or other provided information could be studied, evaluated, or written about by faculty or students. Your child's and family's identity will remain confidential and any copies of enrollment forms will have all names obscured.

I give my permission for college faculty and students to have access to my child's _____ name-obscured enrollment form copies and know that they may be used for classroom case studies.

Parent/Guardian _____ Date _____

I am willing to discuss more details about my child _____ with faculty and students. Confidentiality will be maintained for my entire family.

Parent/Guardian _____ Date _____

Per TRE policy, any granted permission can be immediately revoked by a parent, guardian or participant by any means of communication. This includes a verbal, written or digital notice to TRE.



Name of Child:

Sibling Behavioral Questionnaire

Please answer all questions as honestly as possible. Behavioral issues will not exclude your child from attending Break Time. Please explain all Yes answers. Make copies for each applicable child.

Does your child suffer from any of the following? (Check all that apply.)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Mood swings (i.e. goes from great sadness to happiness) | <input type="checkbox"/> Very upset when left by parents | <input type="checkbox"/> Hears or sees what is not really there | <input type="checkbox"/> Pervasive Developmental Disorder |
| <input type="checkbox"/> Compulsions | <input type="checkbox"/> Soils self | <input type="checkbox"/> Obsessions | <input type="checkbox"/> |
| <input type="checkbox"/> Eating problems | <input type="checkbox"/> Sleeping problems | <input type="checkbox"/> | <input type="checkbox"/> Developmental Delays |

Is your child difficult to manage when angry or upset? (i.e. hits self or others, destroys property, throws tantrums) No Yes, please explain _____

Has your child ever run away? No Yes, please explain _____

Is your child highly impulsive? No Yes, please explain _____

Has your child ever stolen items of value? No Yes, please explain _____

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Does your child have access to weapons in the home? No Yes, please explain _____

Has your child ever threatened to kill anyone or tried to kill anyone? No Yes, please explain _____

Does your child abuse alcohol or other drugs? No Yes, please explain _____

Does your child have any legal charges or convictions? No Yes, please explain _____

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Today's Date _____ Child's Name _____

Name of Medicine #1: _____ Dosage: _____

Reason the child needs the medication: _____

Method of Administration: _____

Any difficulties giving? (suggestions for nurse) _____

Times(s) to be given: _____

Side effects to watch for: _____

Does this medication need to be refrigerated? (please circle) Yes No

Name of Medicine #2: _____ Dosage: _____

Reason the child needs the medication: _____

Method of Administration: _____

Any difficulties giving? (suggestions for nurse) _____

Times(s) to be given: _____

Side effects to watch for: _____

Does this medication need to be refrigerated? (please circle) Yes No

Parent's Signature _____