



Special
Needs
Ministry
Family Registration



Introduction



Child's Name:

Completed by:

Date:

Parent/Guardian Name:

Cell phone:

Email:

Emergency Contact:

Cell phone:

Medical Needs



My child has the following diagnosis, medical condition, or learning difference:

My child has the following allergies and/or food sensitivities:

My child is prone to seizures:

Yes

No

If yes, please describe the frequency & any triggers.

What is the protocol for when/if your child has a seizure under our care?

Additional Support



Use this page to tell us anything else you want us to know regarding your child's physical needs (hearing, vision, toileting, etc.).

My child can independently:

My child needs assistance with:

More to Know



My child's main mode of functional communication is:

- Verbal
 - Limited verbal
 - American Sign Language (ASL)
 - Assistive Technology/AAC device
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My child has an aversion to or is triggered by:

When my child is escalated, he/she calms when:

My child is most relaxed in this setting:

More to Know



My child has the following areas of interest:

- Music, songs, singing, instruments
- iPads or other forms of technology
- Crafts or building
- Gross motor games & activities
- Fine motor or sensory activities
- Books, being read to or reading
- Other:

My favorite thing about my child is:

The Church can support our family by:

Goals



My preference for my child's time in the church's care is:

- My child is fully included & has a buddy for support
- My child is included with a buddy & takes breaks as necessary
- My child has their own separate space where they are cared for.
- Other:

The goals I have for my child this year (behavioral, academic, social, spiritual) include: