These questions allow us to provide the best experience and safest environment for all of our friends within the ministry. Our church leaders and ministry volunteers will respect your family’s right to privacy. Any information shared is communicated directly with those caring for your family member and only on a “need to know” basis. If you have any questions, please contact [Insert Name] for more information.

Child’s Name: DOB:

Age: Diagnosis:

Mother’s name Phone Live at home? Y N

Address

City ­­ ZIP

Email Alternate Phone

Father’s name Phone Live at home? Y N

Address

City ZIP

Email Alternate Phone #

Siblings? Name Age Name Age

Name Age Name Age

My child loves to

Enjoys music? Yes No Enjoys arts & crafts? Yes No Outside play? Yes No

Writing? Yes No Reading? Yes No

Allergies/Food Sensitivities: Yes No If yes, please explain

Life Threatening? Yes No EPI Pen? Yes No

Food/drinks to avoid

Assistance needed for eating/drinking? Yes No

Prone to Seizures: Yes No Other Medical Concerns:

Toileting Needs: Independent With Assistance Wears Diapers

Signs, gestures, words to Indicate toileting needs

Medication: Yes No Type and purpose:

Main mode(s) of communication: Verbal Visual Supports Sign Language Digital Devices

My child is independent with

My child needs assistance with

My child is uncomfortable with or has sensitivities to

Behavior concerns to be aware of

Trigger-points for frustration/resistance

Calming tools and aids

Behaviors that may communicate a specific need (please indicate the need where appropriate)

Classroom situations you wish to be contacted about

Please describe your child’s understanding of and relationship with God

Goals for your child at church

Ideas for the church to better serve your family

Additional thoughts or comments