

Stonegate Fellowship Special Needs Ministry

Family Information:

Date: _____

1. Father's Name: _____
Address: _____
Cell Phone Number: _____

2. Mother's Name: _____
Address: _____
Cell Phone Number: _____

3. Child (ren)'s Information: (Those enrolling in this class)

Child's Name: _____
Date of Birth: _____ Age: _____ Sex: _____

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Date of Birth: _____ Age: _____ Sex: _____

4. Please describe your child (ren)'s diagnosis: _____

5. What is your child (ren)'s developmental age:

6. Emergency Contacts:

In case of emergency the following person(s) may be called and are authorized to pick up my child. (At least one contact must be provided and positive identification must be provided before your child will be released.)

Name: _____
Address: _____
Cell Phone Number: _____
Texas Driver's License Number: _____

Signed: _____ Date: _____

Getting To Know Your Child

We appreciate this opportunity to worship with and teach your children. Please complete the following information so that our volunteers will know how best to care for your child and make this a comfortable, safe, fun and learning environment for him/her. Please complete one form for each child that will be attending class.

Child Name: _____ Sex: _____ DOB: _____

I. Medical Information:

Child's Health Needs:

Medications Taken:

Allergies: Does your child have any specific allergies to:

Drugs: _____

Food: _____

Insects/Other: _____

Medical Conditions: (Seizures, asthma, etc.)

Attitudes and Behaviors

Positive: _____

Negative: _____

How can we redirect inappropriate behavior? _____

II. Care Needs:

Vision: _____ Normal _____ Impaired _____ Blind
Hearing: _____ Normal _____ Impaired _____ Deaf
Motor Skills: _____ Head Control _____ Rolls Over _____ Sits _____ Crawls
_____ Cruises _____ Walks _____ Walker _____ Crutches _____ Braces
_____ Wheelchair

Please describe any special positioning needs your child may have/need: _____

Communication:

Verbal or Non-Verbal? _____

Understands Directions and can follow them? _____

Reads/Writes? _____

Uses Sign Language? _____

Other (Describe) _____

Child Can Understand What Others Say:

_____ All of the Time _____ Most of the Time _____ Some of the Time

Toileting Skills:

_____ Toilets Independently

_____ Being Potty Trained

_____ Potty Trained, needs assistance

_____ Diapers/Pull-ups

How does your child indicate the need to use the restroom or does he/she have a schedule? _____

Food & Drink

Drinks from an open cup: _____ bottle _____ sippy cup _____ straw _____ bring own _____

Child can feed himself/herself _____ requires feeding _____ bottle fed _____

Uses spoon _____

Does your child have food or drink restrictions? _____

Does your child have food or drink preferences? _____

Personality Traits:

_____ Outgoing	_____ Shy
_____ Plays in Groups	_____ Plays alone
_____ Adapts to new situations well	
_____ Adapts to new situations with difficulty.	

Any other personality traits that you feel are important for teachers to be aware of:

My child responds to separations from his/her parents by:

My child is best comforted by:

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

What type of play activities does your child enjoy/participate in:

Likes and Dislikes, Favorites and Fears

Foods/Restaurants/Music/Books/Characters/Activities/People

Fears/Dislikes/Upset by:

Current Educations Setting or Daytime Activities

You didn't ask, but I want you to know this, too.

Stonegate Fellowship Special Needs Ministry Health and Safety Agreement

Please read the following statements carefully and initial in the designated space indicating that you have read, understand, and agree to the provisions.

_____ I have disclosed to Stonegate Fellowship all pertinent facts and medical conditions about my child's special needs and accept full responsibility for failure to do so.

_____ My child has the following food allergies:

_____ I understand that no medication will be given.

_____ In case of an emergency or accident, I understand that I will be texted immediately. If necessary, 911 will be called (list of current medications attached)

_____ If my child shows ANY symptoms of illness within the last 24 hours, I/we will not leave him/her in the care of the Special Needs Ministry. If my child shows any symptoms of illness while in the care of the Special Needs Ministry, I understand I will be texted and asked to pick up my child.

_____ I understand that Special Needs Ministry volunteers will do everything possible to redirect inappropriate behavior. If my child is behaving in a manner that is considered dangerous to the other child or the volunteers, I will be texted and asked to assist in calming my child.

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

Participants name: _____

Parents Signature: _____

Date: _____