Key Fob # Assigned _____

fbcmidlothian
Connect Grow Serve Change

SPECIAL NEEDS MINISTRY INFORMATION

____ First Time Guest ____ Updated Info. Date: _____

Sunday 8:15 _____ 9:30 _____ 11:00 Wednesday GLOW _____

INDIVIDUAL INFORMATION

Individual _____ D.O.B _____ Age_____
Last First/Goes By Male / Female

Allergies/Special Needs: _____Grade _____

Sibling 1 _____ D.O.B _____ Age_____
Last First/Goes By MALE / FEMALE

Sibling 2 _____ D.O.B _____ Age _____
Last First/Goes By MALE / FEMALE

Sibling 3 _____ D.O.B _____ Age_____
Last First/Goes By MALE / FEMALE

PARENT/GUARDIAN INFORMATION

Name _____ Mother / Father / Other
Last First
D.O.B _____ Cell # (_____)_____ Married / Divorced / Single

Name _____ Mother / Father / Other
Last First
D.O.B._____ Cell # (_____)_____ Married / Divorced / Single

Primary Cell # (_____)_____ Home Phone # (_____)_____
(will be used as pager in emergency)

Child's Home Address _____
Street City State Zip

Mom's email _____ Dad's email _____

May be released to: [other than parent(s) listed above]

Name: _____ Contact # _____

Name: _____ Contact # _____

Name: _____ Contact # _____

Greeter's Init. _____

Key Fob # Assigned _____

Family and Disabililty Information

School where indivdual attends (if applicable)

Specific Type of Disability/Diagnosis

Is this individual on any medication? Yes No

List all medications: All medictions must be administered by the parents/guardians or caretakers.

Does this individual have seizures? Yes No

explain:

Does this individual have any type of allegies: please list

Does this individual need any assistance with the following:

Please explain:

_____ Eating or Drinking

_____ Restroom or Personal Hygiene

How does your child communicate: circle all that apply

Oral Sign Language Total Communication

Alternative Device Gestures/Facial Expressions

Other: _____

Does he/she have any phobias:

Is this individual able to read and/write? Y N

What is their preferance? Reading Writing

What are his/her strengths:

What are his/her weaknesses:

What does he/she enjoy doing? Dislike doing?

Explain past church/Sunday school experiences:

Any other information that we should know:

Greeter's Init. _____