

DATE: _____



FIRST TIME GUESTS:

MOTHER'S/GUARDIAN'S FULL NAME: _____

CELL #: _____

FATHER'S/GUARDIAN'S FULL NAME: _____

CELL #: _____

Family Address _____ Apt. _____

City _____ State _____ Zip _____

Email: _____ (mother's/father's/guardian)

1. CHILD'S NAME _____ BOY/GIRL

Date of Birth: ___/___/___ Age _____ Grade _____

Special Needs/Allergies: _____

2. CHILD'S NAME _____ BOY/GIRL

Date of Birth: ___/___/___ Age _____ Grade _____

Special Needs/Allergies: _____

3. CHILD'S NAME _____ BOY/GIRL

Date of Birth: ___/___/___ Age _____ Grade _____

Special Needs/Allergies: _____

MY CHILD CAN BE PHOTOGRAPHED FOR PROMOTIONS/SOCIAL MEDIA (YES/NO)

Children Visitors with Spring River Families:

SRAG ATTENDEE: _____

CELL #: _____

CHILD'S FULL NAME: _____

Date of Birth: ___/___/___ Age _____ Grade _____

Special Needs/Allergies: _____

UPDATED INFORMATION ONLY:

FULL NAME: _____

FAMILY ADDRESS: _____

CITY/STATE/ZIP: _____

CELL #: _____

Parent/Guardian Questionnaire for Children with Special Considerations

Our church cares for each participant in children's ministry programming. These questions are asked for the benefit of your child and so that we may provide the best experience and safest environment for everyone involved. Our church and our children's ministry workers respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your child and only on a "need to know" basis. Please answer the questions below that apply to your child and that may help our church best minister to your child.

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

My child's main mode of functional communication is: _____

My child processes instruction or information best when (e.g. visual, auditory, experiential, drama, etc.):

My child currently receives therapies and special instruction in: _____

My child has an Individualized Education Plan (Yes/No): _____

If you answered, "Yes", please describe child's IEP: _____

The goals I have for my child's development this coming year include (behavioral, social, academic, etc.):

My child has the following area(s) of interest: _____

My child can do these things independently: _____

My child needs assistance with: _____

My child is uncomfortable with or has an aversion to: _____

A trigger-point for a potential meltdown is when: _____

When/if my child experiences a melt-down, he/she calms when we: _____

Doing/seeing/experiencing this one thing is an important part of my child's routine:

My child **does / does not** (circle one) enjoy music.

My child seems most relaxed in setting (circle one) **alone / with a few children / among many children**

My child (circle one) **would / would not** enjoy a large group worship experience.

My child is really picky about: _____

My child may be trying to communicate their need for (describe) _____

When he/she exhibits the following behavior: _____

My child is prone to seizures (circle one): **yes** **no**

If "yes", tell what prompts the seizure and how we can prevent/respond: _____

My child's behavior may indicate a medical problem requiring immediate attention when:
