



Special Needs Family Registration Form

Welcome to Redeemer Kids!

We are passionate for kids to learn more about God through His Word in a safe, secure, and confidential environment.

It is an honor to partner with your family

as we assist your child in being able to digest the Gospel.

1. FAMILY INFORMATION (Please complete one form per child with special needs) **Please print clearly**

Child's name: _____ Birth date: _____ Age: _____ M F

Child lives with: ___ both parents ___ mother ___ father other _____

Home address: _____ City: _____ Zip: _____

Email address: _____

Father's name: _____ Cell #: _____

Address (if different from above): _____

Mother's name: _____ Cell #: _____

Address (if different from above): _____

Child's **primary diagnosis** and/or **health concerns/meds** we should be aware of: _____

Child's current grade in school: _____

Please list siblings of child who will also be attending:

1 _____ Birth date _____ 2 _____ Birth date _____

3 _____ Birth date _____ 4 _____ Birth date _____

2. CARE NEEDS

VISION: ___ Typical ___ Impaired (Please Specify Impairment _____)

HEARING: ___ Typical ___ Impaired ___ Deaf ___ Hearing Aid

MOTOR: ___ Head Control ___ Rolls Over ___ Sits ___ Crawls ___ Walks

USES: ___ Walker ___ Crutches ___ Braces ___ Wheelchair

Please describe any special positioning or other needs your child may have: _____

Language spoken at home: _____

Communicates Using: ___ Words ___ Sign Language ___ Vocal Cues ___ Gestures ___ Device

Other: (describe): _____

Understands 1-2 step directions: ___ All the time ___ Most of the time ___ Some of the time

3. TOILETING SKILLS

___ Independent ___ Needs Assistance (Please Specify Need Below)

___ Diaper ___ Toilet Training Other _____

Frequency Schedule _____

How does your child communicate toileting needs? _____

4. **ALLERGIES:** (Drugs, Food, Other) _____

5. **EATING HABITS:** ___ Spoon ___ Fork ___ Hands ___ Needs assistance (please specify)

6. **BEHAVIOR:** (check all that apply)

___ Shy ___ Outgoing

___ Plays alone ___ Plays in groups

___ Adapts to new situations well

___ Responds to correction well

___ Responds to correction with difficulty

___ Adapts to new situations with difficulty

___ Is sometimes destructive

___ Sometimes threatens others

___ Sometimes hits, bites, or hurts self/others

___ Hyperactive and/or ADD

___ Self injurious behavior

___ Sometimes attempts to run away

Does your child have a Behavior Support Plan/IEP/504 Plan? ___ Are you willing to share any information that would help us support your child's behavioral needs? ___ (please attach any documents you would like to share)

My child responds to separation 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 and/or participate in? _____

My child becomes upset when/or does not enjoy: _____

Additional comments: _____

7. PERMISSION/AUTHORIZATION 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 fully disclosed to First Redeemer Church all pertinent facts about my child(ren)'s special needs and accept full responsibility for failure to do so.

_____ I will supply all needs for my child's required communication devices, food, drinks, snacks, and toileting needs and be available to assist with toileting needs (we do not assist kids older than 5 years with toileting)

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

SIGNED: _____ DATE: _____

(Parent or Guardian)

If you have any questions, please contact us at cjackson@firstredeemer.org

There are several methods for returning these forms:

- Drop off in the classroom after Check-In during any weekend service.
- Return via email to cjackson@firstredeemer.org or to the kid's office during the week.