

# ***JOURNEY Enrollment for Ministry to Children with Special Needs***

Central Christian Church 2900 North Rock Road Wichita, Kansas (316)688-4400

Please turn in this completed form to the Children's Ministry Registration Center  
or the Children's Ministry offices.

Date Submitted: \_\_\_\_\_

Service your child will be attending: 8:30am: \_\_\_\_\_ 10am: \_\_\_\_\_

**Please help us better understand your child with special needs;**

**Please note that many of these questions may not pertain to your child.**

**If the question does not pertain to your child, please mark N/A in the blank.**

Child's name \_\_\_\_\_ Likes to be called \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ M F

Birth date \_\_\_\_\_ Length of time attending Central \_\_\_\_\_

Birthplace \_\_\_\_\_ Does your child have a Behavioral Modification Plan? \_\_\_\_\_

Current school the child attends \_\_\_\_\_

Please specify the name of the disorder(s) your child has been professionally diagnosed with:

Diagnosis: \_\_\_\_\_

When: \_\_\_\_\_ Name of diagnosing specialist: \_\_\_\_\_

Child lives with: **please specify Weekdays (WD) or Weekends (WE) or Both (B)**

\_\_\_\_\_ Biological mother \_\_\_\_\_ Biological father \_\_\_\_\_ Step-father \_\_\_\_\_ Step-mother \_\_\_\_\_ Grandparents

\_\_\_\_\_ Foster Care Guardian \_\_\_\_\_ Other – please specify: \_\_\_\_\_

How long has the child been in Foster care? \_\_\_\_\_ Is this child adopted? \_\_\_\_\_

Home "physical" Address: \_\_\_\_\_

Home mailing address (if different from above): \_\_\_\_\_

Additional mailing address (if needed): \_\_\_\_\_

PLEASE LIST BELOW **ONLY** THE NAMES AND NUMBERS OF THOSE THAT MAY BE CONTACTED BY THE CHURCH

Father's/Guardian's name \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's/Guardian's name \_\_\_\_\_ Cell # \_\_\_\_\_

**Are the biological parents divorced/separated?** \_\_ yes \_\_ no **Date of final separation:** \_\_\_\_\_

**Has one of the parents remarried:** \_\_\_\_\_ **When:** \_\_\_\_\_ **In a long-term relationship** \_\_\_\_\_  
**(which parent)** \_\_\_\_\_ **(which parent)** \_\_\_\_\_

Please list any traumatic or life effect events surrounding your child's life (death in family; moving; parent job loss; death of pet, etc.) include the month and year: \_\_\_\_\_

Has your child ever witnessed family violence? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Has your child ever been molested, physically or emotionally abused? \_\_\_\_\_ If so, when? \_\_\_\_\_

Other relative or caregiver in town we can contact we have permission to contact if needed

**Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Child's **primary health/physical concerns** we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's **primary emotional/psychological/social concerns** we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been suspended or expelled from school? \_\_\_\_\_

If yes, when and why? \_\_\_\_\_

\_\_\_\_\_

Does the child have a **diagnosed learning disability**? \_\_\_\_\_ If so, please specify what it is: \_\_\_\_\_

\_\_\_\_\_

Does your child take any prescription medications? \_\_\_\_\_ How long? \_\_\_\_\_

If so, please specify the name of the medication, strength, and the purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (use additional page if necessary)

Please list siblings of the child in the children or youth departments:

1. \_\_\_\_\_ Age \_\_\_\_\_ 2. \_\_\_\_\_ Age \_\_\_\_\_

3. \_\_\_\_\_ Age \_\_\_\_\_ 4. \_\_\_\_\_ Age \_\_\_\_\_

**CARE NEEDS:**

VISION:  Typical  Impaired  Blind

HEARING:  Typical  Impaired  Deaf  Hearing Aid

MOTOR:  Sits  Walks

CAN VERBALLY COMMUNICATE WITH OTHERS USING:  yes  no

Speech:  Words  Phrases  Sentences  Other (describe): \_\_\_\_\_

\_\_\_\_\_

How does your child best communicate with others? \_\_\_\_\_

\_\_\_\_\_

Language spoken at home: \_\_\_\_\_

CAN UNDERSTAND WHAT OTHERS SAY:  All the time  Most of the time  Some of the time

**ALLERGIES:** (Drugs, Food, Other) \_\_\_\_\_

**TOILETING SKILLS:**

**How does your child indicate a need to use the toilet?** \_\_\_\_\_

Toilets independently

Currently being potty trained

Please do not drop off your child if they are soiled. Please assist our staff so that we can make the time as comfortable as possible.

**TYPICAL MORNING BEHAVIOR:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Shy                                      | <input type="checkbox"/> Outgoing        | <input type="checkbox"/> Is sometimes destructive                |
| <input type="checkbox"/> Plays alone                              | <input type="checkbox"/> Plays in groups | <input type="checkbox"/> known to threaten others                |
| <input type="checkbox"/> Adapts to new situations well            |  | <input type="checkbox"/> known to hit, bite, or hurt self/others |
| <input type="checkbox"/> Adapts to new situations with difficulty |  | <input type="checkbox"/> Sometimes attempts to run away          |
| <input type="checkbox"/> Responds to correction well              |  | <input type="checkbox"/> Hyperactive and/or ADD                  |
| <input type="checkbox"/> Responds to correction with difficulty   |  |  |

My child responds to separation from his/her parents/guardian 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Special Needs ministry? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you like to find out more about Helping Hands ministry? \_\_\_\_\_

**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 Central Christian Church all pertinent facts about my child's special needs and accept full responsibility for missing information.

\_\_\_\_\_ I will supply special food, drinks, snacks, for my child only when necessary and notify teacher prior.

\_\_\_\_\_ I will provide nourishment (breakfast) to my child **prior** to bringing my child on Sunday mornings.

\_\_\_\_\_ I will give my child their medication (*if applicable*) so it takes effect by the time they arrive.

\_\_\_\_\_ I will attend the Central Christian worship service or a Sunday school class on campus during the entire time my child is participating in the Sunday morning program.

\_\_\_\_\_ I understand the nature of the program and do hereby release Central Christian Church and its representatives from any liability due to accident or injury incurred by my child.

\_\_\_\_\_ I authorize Central Christian Church to publish church related activity photos of my child (without his/her name on our church website and brochures for promotional purposes only) if you have specific questions or concerns about this particular request, please talk directly with the Ministries director, Bob Nooe.

*I have read and initialed the above permission/authorization statements and agree to the terms as stated above.*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Parent or Guardian*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Parent or Guardian*

Ministry Director: \_\_\_\_\_ DATE: \_\_\_\_\_