

Enrollment for Ministry to Children with Special Needs

Central Christian Church 2099 North Rock Road Wichita, KS 316-688-4400

Date Submitted: _____

Child's Contact Information:

Child's Name: _____ Likes to be called: _____

Grade: _____ Age _____ M/F Birthdate: _____

Home Address: _____

Father/Guardian's Name: _____ Cell #: _____

Mother/Guardian's Name: _____ Cell#: _____

Preferred Email: _____

Other caregiver who may pick up child: _____ Relationship to child: _____

Child's Special Needs Information:

Child's current special needs diagnoses: _____

Child's primary health/physical concerns: _____

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

Does your child elope? Y/N

Allergies: (Meds, Latex, Food, Animals, etc) _____

Toileting Skills: How does your child indicate a need to use the toilet? _____

My Child can use the toilet independently: Y/N If no, please explain:

Social Skills:

Typical morning behavior: check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Is sometime destructive |
| <input type="checkbox"/> Plays alone | <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 | |

Is it Okay for us to "touch" your child? (Ex. Hug, pate, etc.): _____

My child is best comforted by: _____

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

My child becomes upset when/or does not enjoy; ie triggers:

Communication Skills:

Child verbally communicates clearly with others: Y/N

Most effective method of communication with your child: _____

Language(s) spoken at home: _____

Child can understand what others say: ___ all the time ___ most of the time ___ some of the time

How did you hear about the Journey ministry? _____

Anything else you feel our team needs to know?

