



For Connect Church purpose only:
Connect Rep _____ Date _____

Form Completed By _____ Date: _____

Participant's Name _____ DOB: _____

Parent/Guardian Contact Information

Parent/Guardian Name _____ Phone _____

Email _____

Parent/Guardian Name _____ Phone _____

Email _____

Address _____
(Street) (City) (State) (Zip)

My child has the following diagnosis, medical conditions, or learning differences:

My child has the following allergies and/or food sensitivities (N/A for not applicable, please note the potential for an anaphylaxis type of reaction):

My child's main mode of functional communication is (verbal, auditory, visually, etc):

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 (What does your child love to do?):

My child can do these things independently:

My child needs assistance with (Music time, snack, play time, restroom, crafts, peer interaction, or all):

My child is uncomfortable with or has an aversion to (any particular fears?):

A trigger point for resistance, frustration, or behavioral problems may emerge for my child when:

When/if my child experiences a period of frustration, he/she calms when we:

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

My child may be trying to communicate their need for _____ when he/she exhibits the following behavior (what is the need and what is the behavior?).

My child's behavior may indicate a medical problem requiring immediate attention when (a particular repetitive behavior or tic?):

Please circle one of the following

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

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

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

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

Other information:

The purpose of our church's special needs ministry is to connect the individual with special needs and their families to the life-changing gospel of Jesus Christ. We know there is no single way for a church to do special needs inclusion that will please everyone. However, we hope this ministry will be a blessing to you and your family. This is an opportunity for your entire family to attend church. While your dependent(s) is/are in Connect Special Needs, we provide the parent/guardian an opportunity to attend church. We need a parent/guardian to stay on the premises while their dependent(s) is/are participating in Connect Special Needs activities.

I hereby confirm that the information provided herein is accurate, correct and complete.

I understand that my child(ren) may be photographed at the church during normal church hours or activities. I understand that these photographs may be used in promotion, either in print or on the Internet. I acknowledge giving consent to Connect Church to take, own, and use images containing your child(ren)'s likeness at Connect Church's sole discretion, in perpetuity. Please inform a staff member immediately if your child's photograph cannot be taken.

I hereby release and forever discharge Connect Church, the Ridge Outdoor Resort, and the Ridge Event Center, their staff, representatives, and affiliates from any physical or psychological injury that my child(ren) may suffer as a direct result of participation in Connect Church Special Needs activities. I recognize participation in these activities and am voluntarily participating in them in recognition of potential risks.

Signature _____ **Date** _____