

JOURNEY Enrollment for Ministry to Children with Special Needs

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

Please give completed form to the Children's Ministry Registration Center
or the Children's Ministry offices preferably prior to your child's first Sunday

Date Submitted: _____

Runner: Y / N

Call Number: _____

Please help us better understand your child with special needs;

ANSWER ALL QUESTIONS: If the question does not pertain to your child, please mark N/A in the blank.

Child's Information:

Child's name _____ Likes to be called _____ Grade _____ Age _____ M / F

Birth date _____ Length of time attending Central _____

Birthplace _____ Does the child have a IEP? _____

Current school the child attends _____

Names and relationship of adults living in home who are responsible for child: _____

Is this child in Foster care? _____; how long? _____: Adopted? _____

Home mailing address (if different from above): _____

Do you have internet accessibility at home? ___ yes ___ no

Please provide E-mail addresses in order of preference if available _____

WILL YOUR CHILD 'RUN' FROM THEIR TEACHER GIVEN THE OPPORTUNITY? _____

CONTACT INFORMATION:

PLEASE LIST BELOW ONLY THE NAMES AND NUMBER 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/both of the parents remarried: _____ **When:** _____ **In a long-term relationship** _____

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

* _____ Age _____ * _____ Age _____

* _____ Age _____ * _____ Age _____

Other relative or caregiver in town we can contact we have permission to contact in if we cannot get in touch with the person who brought the child to church (emergency situation such as sickness, etc.)

Name: _____ **Phone:** _____

Relationship: _____

LIFE EXPERIENCE

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 this child ever been molested or abused? _____ If yes, please talk with Director: _____
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 purpose? _____

PHYSICAL OVERVIEW

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

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

Does your child take any prescription medications? _____ Start date (approx.) _____

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

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

_____ (use additional page if necessary)

- Please notify us if there is ever a change in your child's medications

DAILY CARE NEEDS:

VISION: ___ Normal ___ % Impaired ___ Legally blind ___ Wears glasses

HEARING: ___ Normal ___ % Impaired ___ Deaf ___ Wears Hearing Aid

MOTOR: ___ Sits well ___ Walks w/o assistance ___ Wheelchair ___ Walking aid ___ physical assistance

VERBAL: ___ Mute ___ Selective mutism Other: _____

ALLERGIES: (Meds, Latex, Food, Animals, etc.) _____

ILLNESS: If your child is "sick" they must be 24 hours 'fever free' before you bring them.

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.

SOCIAL SKILLS

TYPICAL MORNING BEHAVIOR: check all that apply

- | | | |
|---|--|--|
| <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 | | |

Is it okay for us to "touch" your child? Ex. Hug, pat, etc.: _____

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; i.e. triggers _____

COMMUNICATION SKILLS

CHILD VERBALLY COMMUNICATES CLEARLY WITH OTHERS: yes no

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

Therapy Dog: Approximately every other week we have a professionally licensed therapy dog with their owner/handler visit the children for in the JOURNEY department. Please contact the JOURNEY Director if you have any questions or concerns regarding this aspect of the JOURNEY ministry.

Have you, your family/this child experienced previous "bad" experiences involving this special needs child? If so, please briefly explain what occurred. Please do not name the church or specific names of people involved.

How did you hear about the **JOURNEY** ministry? _____

