



FIRST BAPTIST CHURCH
CHARLOTTESVILLE • PARK STREET

Child's Name: _____ Date of Birth: _____

Current Grade: _____ Diagnosis: _____

Parent/Guardian Information:

Mother/Guardian Name:	Father/Guardian Name:
Email:	Email:
Phone:	Phone:
Address:	Address (if different):

Information about Child's Needs:

My child enjoys: Reading/listening to stories Art/Crafts Music Outside Play

Other things my child enjoys: _____

My child needs assistance with: Fine Motor Activities Mobility Toileting

Communication Multi-Step Directions Eating or Drinking

Other things my child may need assistance with:

My child is independent with: _____

My child's main means of communication is

Please explain signs/gestures/words your child will use to indicate toileting needs:



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Behaviors that may indicate a specific need (and indicate the need where appropriate):

What does your child's classroom environment at school look like? Check all that apply.

- Small group/Self Contained/Functional Skills
- Large Group/Inclusion/Regular Classroom with no assistance
- Large Group/Inclusion/Regular Classroom with aide assistance
- Homeschool
- Not in school yet, but will probably be in a _____
- Other _____

Classroom situations where you would like to be contacted:

Does your child have food allergies or sensitivities? Yes

No

Is your child prone to seizures? Yes _____

No

Does your child have any other medical conditions we should be aware of? Yes

No



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Please explain your child's relationship and/or understanding of God:

What are your goals for your child at church?

Please share any additional thoughts or comments: