



ADDITIONAL NEEDS FORM

Confidential - For Ministry Use Only

Thank you for entrusting your child to our care. We look forward to getting to know your family! Please fill out this form as completely as possible as it will help us better understand your child's unique needs so we can provide the best experience and safest environment in BCC Kids Ministry. All information will be kept confidential and used only for the purpose of providing appropriate care and support within our ministry programs.

CHILD'S INFORMATION

Full Name: _____

By what name does your child prefer to be called? _____

Date of Birth: _____ Age: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Names: _____

Phone Numbers: _____

Email Addresses: _____

MEDICAL

Allergies/Food Sensitivities: Yes No

If Yes, please explain: _____

Life Threatening? Yes No EPI Pen? Yes No

Prone to Seizures: Yes No

Other Medical Concerns: _____

Toileting Concerns: _____

GETTING TO KNOW YOUR CHILD

Would you like to request a buddy to assist your child? Yes No

(A member of our Special Needs Team will assist your child in the regular classroom or the sensory room when needed.)

What are your child's special interests and gifts?

Are there any things that help hold attention? What calms your child? (fidgets, weighted toys, etc.)

What methods of communication does your child use? Is your child verbal or non-verbal?

What are signs of enjoyment or frustration? (flapping, vocalizations, jumping up and down, etc.)?

Are there any specific triggers we should be aware of?

Is your child on an IEP, 504 Plan, or Behavior Intervention Plan? Yes No

If Yes, are there aspects of this plan that could be beneficial for the church environment?

Any unexpected behaviors we should know about (eloping, self injurious, hitting, biting, etc.)?

Do you have a goal you hope your child can achieve through this church experience?

Additional thoughts or comments: