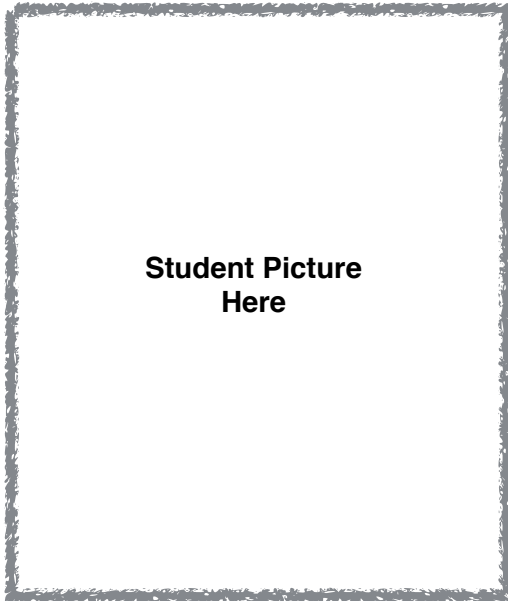


Individual Spiritual Formation Plan

Calvary Church - Special Needs Ministry



Name:

Birthdate:

Parents:

Address:

Phone #:

Cell #:

Email:

Church Coordinator: Amanda Brouwer
abrouwer@calvarycrc.org

Ministries Involved:

- **Sundays:** Nursery Kid Zone Middle School(10:30) High School(10:30)
Special Needs Room High School Youth Group (PM)
- **Sunday Worship Time:** 9:30 A.M. 10:30 A.M.
- **Wednesdays:** KinderClub GEMS Cadets

Child's School and/or Grade Entering in 2014:

Child's Story - How did their story unfold:

What is your child's diagnosis and/or educational label:

Areas of Strength and Interest:

Areas of Difficulty:

Physical Accommodations:

Staffing Accommodations:

Curriculum Accommodations:

Medical Concerns (allergies, asthma, seizures, etc):

Spiritual Goals:

Parent Signature: _____ **Date:** _____

Special Needs Coordinator Signature: _____

Individual Spiritual Formation Plan

Calvary Church - Special Needs Ministry

Permission to Release Form

I have read the attached profile of my child prepared by the Calvary Special Needs ministry Coordinator. I hereby give permission to distribute copies of this profile to those leaders who will be working with my child this year at Calvary. This document should be treated as confidential, but the information may be used to better help the leaders understand how to work with my child.

At any time, I may ask for this profile to be returned to me and no longer distributed to the leaders. I must approve any other use of the material, such as in a church newsletter or other written form.

Parent Signature: _____

Special Needs Coordinator: _____

Date: _____



CALVARY
CHURCH

loving people toward God