

Student Profile
Special Needs Ministry
Calvary Church

1. Child's Name: _____

2. Birthdate: _____

3. Parent's/Guardians' Name(s): _____

4. Mailing Address: _____

5. Phone #: _____ Cell #: _____

6. E-mail Address: _____

7. Child's school and grade entering Fall 2014: _____

8. Please tell me a bit of your child's history. How did their story unfold?

9. What diagnosis and/or educational label does your child currently have?

10. What are your child's strengths and interests?

11. If you could choose three things that you hope could happen for your child this ministry year, what would they be?

12. Suggestions that will help our ministry leaders create a positive environment for your child. (Ex: sit closer to teacher, assign a buddy, avoid loud noises, and etc.)

13. Does your child have any medical conditions that might be helpful for the leaders to know about? (EX: seizures, allergies, asthma, and etc.)

14. Will your child need any special assistance with personal care while in our care? Please explain:

15. Is there any other helpful information you would like to share about your child that will help us get to walk beside them better?

16. What ministries will your child be involved in on Sundays?

- Nursery (birth-36 months)
- Kid Zone (3 years – 6th Grade)
- Middle School (10:30 ONLY)
- High School (10:30 ONLY)
- Special Needs Room (10:30 ONLY)
- High School Youth Group (PM)

17. What ministries will your child be involved in on Wednesdays?

- GEMS (1st – 6th Grade)
- Cadets (1st – 6th Grade)
- Middle School (7th – 8th Grade)