



# Sidekicks Program - Special Needs Ministry

## Registration Form

Date of Registration \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents' Names \_\_\_\_\_

Siblings' Names and Birthdates \_\_\_\_\_

Contact Info:

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Child's Address: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

Specific Disability Diagnosis: \_\_\_\_\_

Does your child have seizures? \_\_\_\_\_

What is the best plan if seizures occur? \_\_\_\_\_

Does your child need assistance with: eating \_\_\_\_\_ drinking \_\_\_\_\_ toileting \_\_\_\_\_

Does your child have any food allergies, and if so what are they? \_\_\_\_\_

Communication Skills:

How does your child communicate? \_\_\_\_\_

How is their receptive (understanding) language? \_\_\_\_\_

How is their expressive language? \_\_\_\_\_

Desired placement for your child (inclusion, self contained, etc.): \_\_\_\_\_

What activities/things does your child like most (ex. sensory activities, toys, foods, etc.)? \_\_\_\_\_

What are the activities/things your child likes least? \_\_\_\_\_

What are some things that might trigger tantrums or meltdowns extreme negative reactions? \_\_\_\_\_

What would calm your child if a meltdown or tantrum began? \_\_\_\_\_

What are your child's greatest challenges in a social setting? \_\_\_\_\_

What would you consider to be your child's learning style? \_\_\_\_\_

What would most motivate your child? \_\_\_\_\_

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Signature (person completing form)

Printed Name