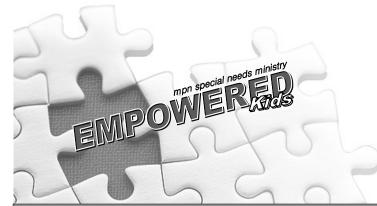




REGISTRATION FORM

CHILD 'S	INFORMA	TION						
irst Name		Last Name		Sex	X	Birth Date	Age	Grade
				N	1/F			
Age Appropri	iate Children's	Ministry (check	cone):					
□ Lil Ex	plorers (3-4 ye	ars)				Quest Adventure (2nd	d grade—	oth grade)
□ Ques	t Jr. (kindergar	ten—1st grade))					
Allergies:								
Diagnosis / D	isability:							
Current Spec	ialized Prograr	ms:						
poo								
Current Medi	cations:							
PARENT /	/ GUARDIA	N INFORM	ATION					
FATHER'S								
	First Name Last Name					Cell Phone #		
MOTHER'S	First Name		Last Name			Cell F	Phone #	
CTREET ADDRESS.					Ant #			
			STATE:			ZIP CODE:	Apt. "_	
HOME PHON			OTATE.		MAIL	_		
TIONE FITON	<u> </u>							
SIBLINGS	3							
First Na	ime	Last Name	Age	Grade	Sex	Birth Date	Minist	ry Location
					M / F	:		
					M / F	·		
					M / F	:		





STRENGTHS / WEAKNESSES
Academic:
Emotional / Social / Behavioral:
Communication (speech issues, limited English proficiency, sign language):
Health / Medical:
Sensory / Motor (textures, foods, sounds, bright lights, affection, smells):
Cognitive:
Visual / Hearing Impairments:





ACCOMMODATIONS / MODIFICATIONS **Dietary Restrictions: Current Use Of Assistive Technology: Current Use Of Occupational Therapy Aids:** Are There Any Specific Supports That You Know Already Work For Your Child? What Independent Activities Is Your Child Capable Of Doing Without Assistance? What Are Your Concerns Related To Your Child Regarding Our Family Ministry?





LEAST RESTRICTIVE	ENVIRONMENT
What do you foresee your chil	d's LRE to be at church?
	Full Inclusion
	Inclusion With Extra Support In The Room
	Inclusion With One On One Assistance
	Small Group With Children Of Various Disabilities
	In Sensory Room
How often do you expect to at	tend church services?
	Less Than 2 Times Per Month
	2 Times Per Month
	1 Time Per Week—Sunday
	2 Times Per Week (Both Sunday Morning Services)
Which service do you prefer?	
	9:30 AM Sunday
	11:00 AM Sunday
VOLUNTEER OPPORT	TUNITIES
Are you interested in voluntee	ring with The Children's Ministry?
Are you able / willing to attend serve one.	2 services in order to help us in Children's Ministry? Worship one service and
	Special Needs
	Nursery
	Lil Explorers
	Quest Jr.
	Quest Adventure
PRIVACY STATEMEN	Τ
this document are asked for the experience and safest environ your family's right to privacy caring for your child and only	
T (116) agree with the privacy 5	atomont.
Parent Signature:	Parent Signature:





MISSION STATEMENT

The Mount Paran North Church Family Ministry seeks to partner with parents to make disciples of Jesus Christ. The purpose of our special needs ministry is to facilitate an inclusion environment, when appropriate, in order that we may help each child grow in his or her spiritual relationship and participate with peers in regularly scheduled church services and church sponsored activities.

The objective of the ministry is to:

Create an accepting church environment for families impacted by special needs or disabilities.

Develop an accommodation plan for the individual(s) with additional needs that benefits the individual(s) while working within the policies and resources of the church.

Assist identified individuals so that they may experience success in a church setting.

Services provided by the special needs ministry may be requested by the individual, the family of the individual, or by ministry leader(s) or volunteers working with the individual. The special needs ministry may provide services based on a broad range of unique needs and requirements. The decision to provide services or not to provide services through the special needs ministry will be made through a team consisting of, but not limited to, the Special Needs Ministry, specific ministry leader(s), staff or volunteer(s) working with the individual, parents of the individual, and the individual when appropriate. Services may be ongoing or for a limited time depending upon the severity of the need and availability of resources.

The special needs ministry of Mount Paran Church does not provide therapy programs, behavior modification programs, medical intervention, or advice / recommendations for such. To the best of our abilities, our ministry servants will strive to follow guidance from and utilize tools and suggestions provided by parents and professionals who work with the individual. Medical assistance will be provided in emergency situations, as documented in the church wide policies and procedures.

We seek to provide the best experience and safest environment for everyone who participates in the Family Ministry. We welcome your family and your child(ren) to participate in church services and activities as you grow spiritually, get connected with others, and serve in your community and within the church.

Parent Name (please print)	Parent Signature
Parent Name (please print)	Parent Signature
Special Needs Ministry Coach (please print)	Special Needs Coach Signature
Children's Ministry Director (please print)	Children's Ministry Director Signature