

Child and Youth Information

PLEASE COMPLETE & RETURN THIS SHEET TO THE CHILDHOOD MINISTRIES OFFICE FOR EVERY CHILD!!!!

Child's Name: _____ Age: _____ Grade in School _____ Date: _____

Parent(s): _____ Phone: _____

Parent(s) location during: Sunday School _____

Music & Missions _____

Discipleship Training _____

Needs: special equipment _____

help with reading or writing _____

help with behavior _____

help with cutting or other fine motor tasks _____

a *Buddy* to help with _____

adaptations related to vision or hearing _____

other _____

Medical Conditions (describe in detail and what to do if it occurs, when to call for medical help, etc.):

seizures _____

allergic reactions (foods to avoid) _____

medications taken _____

other _____

Detailed Description _____

Things my child does well: _____

Things that are hard for my child to do: _____

I would like to discuss the above with my child's teachers: _____

Additional Information: _____
