



Registration

Child's Name _____

Phone _____

Address _____

City Zip _____

Grade: _____ Age: _____ Date of Birth: _____

Medical Condition/Disability (please include any relevant information):

Religion:

What your child's previous experience attending church?

What is the family's religious background and practice?

What concepts does your child understand: God, Jesus, Church, Heaven?

What goals (short and long term) would you like to set for your child that can be achieved in the God's MUSIC?



Care Needs

Vision: ___ Normal ___ Impaired ___ Blind

Hearing: ___ Normal ___ Impaired ___ Hearing Aid ___ Deaf

Motor: ___ Head Control ___ Rolls Over ___ Sits ___ Crawls ___ Walks
 ___ Walker ___ Crutches ___ Braces ___ Wheelchair

Please describe any special positioning needs your child may have:

Communication:

Can communicate with others using: ___ Speech (___ words ___ phrases ___ sentences)
___ Babbles ___ Gestures ___ Sign Language

Language spoken at home: _____

Can understand what others say: ___ All the time ___ Most of the time ___ Some of the time ___ Recognizes voices of family members

Toileting Skills: ___ Toilets independently ___ Diapers ___ Currently being potty trained ___ Potty trained, needs assistance

How does your child indicate a need to use the toilet? _____

Indicate special toileting needs/schedule: _____

Eating Habits: ___ Feeds self ___ Requires feeding ___ Bottle fed

Drinks from cup: ___ With assistance ___ By straw ___ By self

Allergies: _____



Behavior: (check all that apply)

- Shy Outgoing Is sometimes destructive
- Plays alone Plays in groups Sometimes threatens others
- Adapts to new situations well Sometimes hits, bites, or hurts self/others
- Adapts to new situations with difficulty Sometimes attempts to run away
- Responds to correction well Hyperactive and/or ADD
- Responds to correction with difficulty

My child responds to separation from his/her parents by:

My child is best comforted by:

My child lets someone know what he/she wants or needs by:

What type of play activities does your child enjoy and/or participate in?

My child becomes upset when/or does not enjoy?

Are any special behavior modification techniques used by the family or school that your child positively responds to?

What level of curriculum do you think is appropriate for your child (2-3years, 4-5 years, 1st grade, 2nd grade etc)?



I give my permission for my above named child to participate in Gods MUSIC class at New Life Church, Gahanna. I hereby release New Life Church, Gahanna, its staff, volunteers and sponsors, from responsibility and liability for any injuries or illness that my child may sustain during any activity. In the event of an emergency, I hereby authorize an adult leader of the activity, when contact with a family member has been unsuccessful to act as an agent for me to consent to 911, medical, dental, or surgical diagnosis treatment, and hospital care advised and supervised by a physician, surgeon, or dentist.

Signature of Natural Parent or Legal Guardian

Date

Because we want to reach as many families as possible, in the future, we may publicize the program. The use of your child's picture is strictly voluntary. If you want to participate in our effort to help other families learn about God's MUSIC in the future, please indicate your permission below..

I DO / DO NOT give permission for _____ to be photographed. The picture may be used for press releases, journal articles, or other positive publicity related to our special needs ministry.

Signature of Natural Parent or Legal Guardian

Date