

St. Paul's United Methodist Church

Buddy Blessings Registration



Child's Name _____

Birthdate _____ Phone Number _____

Parent's Names _____

Siblings' names and ages _____

Address _____

My child has the following diagnosis, medical condition or learning difference:

My child has the following allergies and/or food sensitivities:

My child's allergies can be life threatening: Yes No and require the use of an EpiPen: Yes No

My expectations/dreams for my child are:

Spiritual goals that I would have for my child would be:

My child's main mode of functional communication is:

My child processes instruction or information best when: (e.g., visual, auditory, experiential, drama).

My child currently receives therapies and special instruction in:

My child has an Individualized Education Plan: Yes No If answered "yes", please describe IEP:

My child has the following area(s) of interest:

My child can do these things independently:

My child needs assistance with:

My child is uncomfortable with or has an aversion to:

A trigger-point for a potential meltdown is when:

When/if my child experiences a melt-down he/she calms when we:

Doing/seeing/experiencing this one thing is an important part of my child's routine:

My child **does** **does not** enjoy music

My child seems most relaxed in settings: **alone**, **with a few children**, **among many children**

My child **would** **would not** enjoy a large group worship experience

My child is really picky about:

My child may be trying to communicate their need for (describe)

when he/she exhibits the following behavior:

My child is prone to seizures: **Yes** **No** If yes, tell what prompts the seizure and how we can prevent/respond:

My child's behavior may indicate a medical problem requiring immediate attention when:

My child is potty trained: **Yes** **No**

My child is: **Verbal** **Non-verbal**

Helpful suggestions for my child:

How can we partner with you and your family as we work together to grow in Christ?