



in · dis · pens · able:
absolutely necessary

1 Corinthians 12:22-23

A Ministry for Individuals with Special Needs

ADULT REGISTRATION PACKET

MISSION STATEMENT:

Our passion and prayer for individuals with special needs is to make and mature them to be disciples of Jesus Christ by partnering with their families, communicating God's love, and providing creative care.

THEME VERSE:

"On the contrary, the parts of the body that seem to be weaker are *indispensable*, and on those parts of the body that we think less honorable we bestow the greater honor, and our unrepresentable parts are treated with greater modesty." 1 Corinthians 12:22-23

THINGS TO KNOW:

- ✓ If needed, a Kindred companion will work as a one-to-one aid for each individual with special needs within the Sunday fellowship class.
- ✓ As a best practice, Kindred companions will be partnered up as female-to-female and male-to-male.
- ✓ For the first check-in, each individual will be assigned a unique three-digit number for that day. For all future check-in's, a permanent four-digit number will be assigned. If parents or guardians are needed, they will be paged via the paging system monitor in the main sanctuary or adult classrooms.
- ✓ Companions are not allowed to preform incontinence care, administer medicine, or deal with injury/illness. If the individual requires aid with any of these, a parent or guardian will be paged.
- ✓ There will be individuals who are CPR and First Aid certified on campus.
- ✓ Parents or guardians must remain on the church campus while the individual is under our care.
- ✓ Please notify Beth De Courcy via email (beth@kindredchurch.org) or by phone (714-902-2825) if the individual is unable to come. We ask that parents kindly give notification as soon as possible, so that we are able to coordinate any and all changes with our Indispensable team.

RELEASE:

I give permission for my son or daughter to attend the Indispensable Sunday School class. By allowing my child to attend, I give permission for his or her details, photographs, and/or video to be used or stored by Kindred Community Church's computer for Sunday School purposes as considered necessary. Should there be any change to the details given on this form, I understand that it is my responsibility to inform the main leader. In the unlikely event of illness or accident, I am willing for my son or daughter to receive hospital treatment if I am unable to be reached. I understand that every reasonable effort will be made to contact me as soon as possible.

Signed (Parent/Guardian): _____ Date: _____

REGISTRATION:

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____

Home Address: _____

Father's Name: _____ Cell Phone #: _____

E-Mail: _____

Mother's Name: _____ Cell Phone #: _____

E-Mail: _____

Guardian's Name: _____ Cell Phone #: _____

E-Mail: _____

Allergies: _____

IN ORDER FOR OUR KINDERED COMPANIONS BEST SERVE YOUR SON OR DAUGHTER,
WE WOULD LIKE TO KNOW IF THEY USE OR HAVE ANY OF THE FOLLOWING.
(Please Circle All That Apply)

Visually Impaired Hearing Impaired Down Syndrome Autism Spectrum Cerebral Palsy

Non-verbal Non-ambulatory Cognitively Delayed G-Tube Traumatic Brain Injury Trauma

Emotional Disturbance Seizures Oxygen Vent Trachea Incontinence Wheelchair

Walker AFO'S Crutches Braces Other: _____

Please use this space to tell us any other information that would help us better serve your son or daughter: _____

ABOUT ME

My **name** is: _____

I am _____ years old.

I was born in: _____

My **birthday** is on: _____

My favorite **holiday** is: _____

My favorite **book** is: _____

My favorite **band** is: _____

My favorite **tv show** is: _____

My favorite **movie** is: _____

My favorite **sport** is: _____

My favorite **place to visit** is: _____

When I have **free time** I like to: _____

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