



in · dis · pens · able:
absolutely necessary

1 Corinthians 12:22-23

A Ministry for Individuals with Special Needs

CHILD 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:

- ✓ A Kindred buddy will work as a one-to-one aid for each individual with special needs within the Kindred Kids classrooms.
- ✓ The ideal is that Kindred buddies will be partnered up as female-to-female and male-to-male.
- ✓ For the first check-in, each child 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.
- ✓ Buddies are not allowed to preform incontinence care, administer medicine, or deal with injury/illness. If the child 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 their child is under our care.
- ✓ Please notify Beth De Courcy via email (beth@kindredchurch.org) or by phone (714-902-2825) if the child 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:

Child's First Name: _____ Child's Middle Name: _____

Child's 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: _____

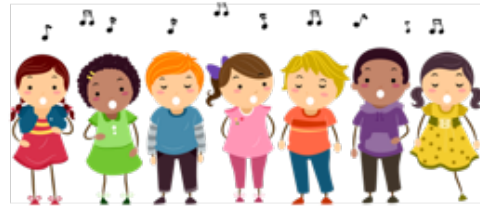
Please use this space to tell us any other information that would help us better serve your son or daughter: _____

INDISPENSABLE MINI-MINISTRIES:

FREE PLAY



WORSHIP



LESSON



PLAYGROUND



CRAFT TIME



SNACK TIME



During our mini-ministries we understand that there may be important things for the Kindred buddies to know about your child's needs during each activity. Please use the space provided under each ministry to share important notes. Thank you!

FREE PLAY:

Free Play will start at the beginning of class. This time will be used for getting the child situated with their buddy and their surroundings. *(Example: Enjoys playing with racecars; May be very shy at first)*

<ul style="list-style-type: none">• _____• _____• _____

WORSHIP:

This will be a time to express our joy with lots of singing to the Lord! During this musical experience, there will be opportunity for the children to play with instruments. *(Example: Can be sensitive to loud noises; Loves to clap)*

<ul style="list-style-type: none">• _____• _____• _____

BIBLE LESSON:

This will be a time to sit and listen to an engaging story from God's Word. *(Example: Needs sensory toy to hold during story; Needs a visual schedule and timer in sight when being asked to sit for a period of time)*

<ul style="list-style-type: none">• _____• _____• _____

PLAYGROUND:

This is a good time to enjoy some fresh air and stretch or climb on the outside playground equipment. *(Example: Sensitive to light and needs to be in the shade; Loves to swing)*

- _____
- _____
- _____

CRAFT:

During this time, we will all participate in various crafts based on the Bible lesson. Each child will be able to bring home a special craft that he or she has helped create. *(Example: Like to put things in their mouth; Difficulty with fine motor skills and will need hand-over-hand assistance)*

- _____
- _____
- _____

SNACK:

Kindred will provide snacks such as: vanilla wafers, pretzels, or crackers. We will permit outside snacks. However, due to severe allergies please label the snack with the child's name in a throwaway container. *(Example: Has difficulty pacing; Needs assistance with hand mouth coordination)*

- _____
- _____
- _____

ALL ABOUT ME!

My name is...
I am years old.

I was born on...
I live in...

My favorite color is...

My favorite book is...

My favorite snack is...

My favorite tv show/movie is...

My favorite animal is...

I like to...