

New Hope Baptist Church

Special Needs Ministry Form

Due to staffing requirements for special needs ministry, we ask new families to register in advance before attending a Special Needs class or event.

Privacy is very important to us. We also understand that privacy is very important to you. Therefore, we will not share the information below with anyone other than those working directly with your child.

Date of Registration _____

Child's Name _____ Birthdate _____

Contact Info: Cell Number _____ Home Number _____

Child's Address: _____

Parents' Names _____

Parent's email address: _____

Siblings' Names and Birthdates _____

Emergency Contact & Phone # (other than parent) _____

Specific Disability Diagnosis: _____

Does your child have seizures? _____

What is the best plan if seizures occur? _____

Does your child have any food allergies, and if so what are they? _____

Communication Skills: How does your child communicate?

How is their receptive (understanding) language? _____

Does your child need assistance with: eating _____ drinking _____ toileting _____

How is their expressive language? _____

Desired placement for your child (inclusion, self-contained, etc.): _____

What activities/things does your child like most (ex. sensory activities, toys, foods, etc.)? _____

What are the activities/things your child likes least? _____

What are some things that might trigger tantrums or meltdowns extreme negative reactions? _____

What would calm your child if a meltdown or tantrum began? _____

What are your child's greatest challenges in a social setting? _____

What would you consider to be your child's learning style? _____

What would most motivate your child? _____

Signature (person completing form)

Printed Name

You may submit this form via email at SpecialNeedsMin@NewHopeLoveland.com, mail it or drop it off in the Church Office. For more information, you may contact Cheryl Hammons at 513-833-5330.