



**Respite Event
at Fredonia Hill Baptist Church
Family Registration Form**

(please complete one form for each child with a disability)

Date _____

Child's Name _____ Birth Date _____ Age _____ M/F

Child lives with: both parents _____ mother _____ father _____ other _____

Home address _____ City _____ ZIP _____

Home phone number _____ Email _____

Father's name _____ Home # _____ Cell # _____

Address (if different than above)

Mother's name _____ Home # _____ Cell # _____

Address (if different than above)

Alternate Emergency Contact _____

Home # _____ Cell # _____

What is your child's diagnosis? What health concerns should we be aware of?

Does your child have seizures? ____ If yes, what should be done if your child has a seizure during the respite event?

**Please describe your child's food allergies, if any.

Under what circumstances would you like to be notified during the respite event?

****IF YOUR CHILD HAS FOOD ALLERGIES, PLEASE BRING A SNACK FOR YOUR CHILD AND CHECK IT IN WITH THE NURSE WHEN YOU ARRIVE.**

VISION	___ Normal	___ Partial	___ Impaired	___ Blind	
HEARING	___ Normal	___ Partial	___ Impaired	___ Deaf	___ Hearing Aids
MOTOR	___ Head Control	___ Rolls Over	___ Sits	___ Crawls	___ Walks
USES	___ Walker	___ Crutches	___ Braces	___ Wheelchair	

What sensory needs does your child have?

Does your child have any special toileting/self-care needs?

What sorts of things upset your child?

What activities work to calm your child if he/she is upset?

What behavior and/or learning strategies work best with your child at school?

Is there additional information you would like our volunteers to know about your child such as personality traits, behaviors, likes and dislikes, etc?

Does your family attend a church in the community? _____ If so, which one?

Aside from parents, please list other person(s) authorized to pick up your child(ren). (Must be at least 18 years old)

- 1. _____
- 2. _____

Please list your child's siblings who will also be attending: **

- 1. _____
Age _____
- 2. _____
Age _____
- 3. _____
Age _____
- 4. _____
Age _____

**Please list any special needs of the sibling(s).

- 1. _____
- 2. _____
- 3. _____
- 4. _____

PHOTO RELEASE: I give permission to use pictures of my child(ren) in publications, newsletters, and on the Fredonia Hill Baptist Church website: _____

Please return to: Brittany Tucker
Fredonia Hill Baptist Church
1711 South St
Nacogdoches, Tx 75964