

# Children/Youth Learner Information

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Best way to reach caregivers when learner is in our care \_\_\_\_\_

**SPECIAL NEEDS** (check all that apply and describe briefly on the back of this page)

physical disability    medical condition    allergies    food restrictions

**LEARNING LEVEL** (age or grade) \_\_\_\_\_

**COMMUNICATION SKILLS** (please describe) \_\_\_\_\_

**EATING/DRINKING SKILLS** (check all that apply and describe briefly on the back)

independent    needs some assistance    needs special accommodations

**TOILETING SKILLS** (check all that apply and describe briefly on the back of this page)

independent    needs assistance    wears diapers    catheterized

**HELPFUL INFORMATION** (likes/dislikes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Adult Learner Information

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Caregiver Names \_\_\_\_\_

How to reach caregivers when learner is in our care \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL NEEDS** (check all that apply and describe briefly on the back of this page)

physical disability    medical condition    allergies    food restrictions

**COMMUNICATION METHOD** (please describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL INTERESTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DAY PROGRAM** (name, address, and times) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAMILY MEMBERS** (name and relation) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPIRITUAL HISTORY** (check all that apply)

first time to attend church

has attended church before

made a profession of faith

was baptized





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& STUFF

• EMPORIUM •



**GLOBAL**  
**EXPO**







**RESTROOM**

**COTTON  
CANDY**

*Cafe*







# Allergy Alert

Today we will  
be touching and  
tasting these items.

Please inform the  
teacher if your child  
has an allergy.

**Touching** \_\_\_\_\_

**Tasting** \_\_\_\_\_

# My Day at Colossal Coaster World

Today's **TRUTH** was

My **BIBLE STORY** was

In **CRAFTS** I made

In **SNACKS** I ate

At **RECREATION** I played

During **WORSHIP** I enjoyed

The **BEST THING** about today was

My **TEACHER** wants you to know I

**TOMORROW** I need to









































