

# EMBRACE Ministries - Student Registration Form

## Special Attention

### 3 Years – 2<sup>nd</sup> Grade

#### Parent Contact Information

Revised:12-27-18

Name:	Email:
Address:	Mobile Phone:
	Home Phone:

#### Programs with supports available for Families with Special Needs

Please check all that you are interested in.

<input type="checkbox"/> Sunday (9:00) Inclusion classes (Children) <input type="checkbox"/> Sunday (10:45) Inclusion classes (Children) <input type="checkbox"/> Sunday (10:45) Inclusion class (6 <sup>th</sup> – 12 <sup>th</sup> Grade) <input type="checkbox"/> ROAR VBS – July 8-12, 2019
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#### Health and Safety

Please answer the following questions pertaining to the person in your family with special needs.

Name of individual with special needs (first and last):		Date of birth:
Age/Grade:	Please list any allergies or dietary restrictions:	
Diagnosis:		
Does he/she have seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe frequency, intensity, and plan of action:	
Does he/she need assistance with toileting? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:	
At this time, we are unable to change children that are in pull-ups or diapers that are 4 years and older. Please leave your phone set to vibrate and if your child needs to be changed, you will be contacted via text. Pagers are also available upon request.		Does he/she have any other health concerns?

## Personal Information

Please fill out the following to help us better understand your family member with special needs.

Strengths and skills:	What does he/she enjoy?
Weaknesses and Fears:	Behavior Concerns:
What helps calm him/her down?	What is the best way to communicate with him/her?
What helps him/her learn?	What would you like him/her to learn about God and salvation?

## Additional Information

Siblings – Names and ages:	<b>Photo/Video Consent:</b> I give permission for pictures and/or video to be taken of my family during Harvest ministry events to be used by Harvest New Beginnings. This may include the Harvest New Beginnings website and Facebook page. No names will be used without additional permission. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Parent(s) or Guardians:	
Is there anything else you would like us to know?	

**Thank you! We look forward to leading, serving with and growing closer to Christ with your family!**

# Harvest Student Registration

## Special Attention

3<sup>rd</sup> – 12<sup>th</sup> Grade

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## Personal Information

Please fill out the following to help us better understand your family member with special needs.

<p>Reading Level:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Below Grade Level</li> <li><input type="checkbox"/> At Grade Level</li> <li><input type="checkbox"/> Above Grade Level</li> </ul>	<p>What is helpful to know about how your child interacts socially with others?</p>
<p>How does your child best learn?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reading</li> <li><input type="checkbox"/> Through talking and interaction</li> <li><input type="checkbox"/> Pictures</li> <li><input type="checkbox"/> Auditory (by listening)</li> <li><input type="checkbox"/> Physical/Hands on</li> </ul>	<p>Behavior Concerns: What triggers your child to shut down or have inappropriate behaviors?</p>
<p>If overstimulated or upset, what helps calm him/her down?</p>	<p>What is the best way to communicate with him/her?</p>
<p>My child may need extra assistance with the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participating in Large Group Games</li> <li><input type="checkbox"/> Participating Fine Motor activities/Arts and Crafts</li> <li><input type="checkbox"/> Listening to a lesson or story</li> <li><input type="checkbox"/> Reading from the Bible</li> </ul>	<p>What would you like him/her to learn about God and salvation?</p>

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<p>Is there anything else you would like us to know?</p>	

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