



Family Registration Form

I. FAMILY INFORMATION

Child's name: _____ Birthdate: _____ M F

Parent(s)/Guardian(s) names: _____

Home address: _____ City _____ ZIP _____

Home#: _____ Cell#: _____ Email: _____

Child's primary diagnosis and/or health concerns: _____

Allergies (foods, drugs, other): _____

II. EMERGENCY CONTACT

Best way to reach you if needed when your child is participating in a church activity with a buddy: _____

Alternate emergency contact (name/relation/contact #): _____

III. ACTIVITIES WHERE ASSISTANCE IS NEEDED (please check all that apply)

Sunday School @ 9:30 11:00

Awana (Tuesday evenings)

Special events ie: VBS, special midweek &/or weekend activities (please list dates/times if known) _____

IV. CARE NEEDS

VISION: Typical Impaired Blind

HEARING: Typical Impaired Deaf Hearing Aids

SENSORY: Hyposensitive to: _____ Hyposensitive to: _____

MOTOR: Head control Rolls Over Sits Crawls Walks

USES: Walker Crutches Braces Wheelchair

Please describe any special positioning needs your child may have _____

CAN COMMUNICATE WITH OTHERS USING:

Words Phrases Sentences Babbles Gestures Sign Language

Language spoken at home _____

CAN UNDERSTAND WHAT OTHERS SAY: All the time Most of the time
 Some of the time

Recognizes voices of family members

TOILETING SKILLS:

Toilets independently Diapers

Currently being potty trained Potty trained, needs assistance

How does your child indicate a need to use the toilet? _____

Special toileting needs/schedule _____

EATING HABITS:

Feeds self by using: spoon fork hands Requires assist

Drinks from cup: by self Requires assist

Bottle fed

BEHAVIOR: (check all that apply)

Shy Outgoing Is sometimes destructive

Plays alone Plays in groups Sometimes threatens others

Adapts to new situations well Sometimes hits/bites or hurts self/others

Adapts to new situations with difficulty Sometimes attempts to run away

Responds to correction well Hyperactive and/or ADD

Responds to correction with difficulty

My child responds to separation from his/her parents by: _____

My child is best comforted by: _____

My child lets someone know what he/she wants/needs by: _____

Types of play/activities my child enjoys participating in are: _____

My child becomes upset when/does not enjoy: _____

V. ADDITIONAL COMMENTS/INFORMATION

I give my permission to share the above information with any Foothill Shepherds volunteers or church activity leaders involved in the supervision of my child while he/she is participating in church activities.

Parent/Guardian Signature _____ Date _____

Please mail or fax completed form to:
Church of the Foothills
3939 Cambridge Road, Suite 230
Cameron Park, CA 95682
Fax: (530)677-4959
Attn: Foothill Shepherds