



## Tell us about your child...

Today's Date \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

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

Cell Phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Texts? Yes/No

(Would you be willing to text the ministry leader to confirm your child's intended arrival? Yes/No)

e-mail \_\_\_\_\_

Specific Diagnosis: \_\_\_\_\_

Does your child run away, bite, or tantrum? How do you handle the situation? \_\_\_\_\_

\_\_\_\_\_

Is your child sensitive to noise or other sensory issues?

Explain: \_\_\_\_\_

Does your child need any help using the bathroom facilities?

Yes/No \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Television shows or movies? \_\_\_\_\_

Snacks are often served in the classroom. Does your child have any food restrictions or allergies? \_\_\_\_\_

\_\_\_\_\_

Names/ages of siblings \_\_\_\_\_

Is there any other information about your child that would be important for us to know? \_\_\_\_\_

\_\_\_\_\_

*Thank you for taking the time to help us get to know your child a little better.*

*(to be completed by ek2 team)*

**Placement:**

- empoweredkids2 class
- inclusion partner
  - grade level \_\_\_\_\_
- partial inclusion (worship)
  - grade venue \_\_\_\_\_

**Additional comments:**

\_\_\_\_\_

\_\_\_\_\_

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