

Special Forces Ministry

Registration Form for Families with Special Needs

We are requesting a profile of your child to help your child's peer buddy. All information is shared with your child's peer buddy. Please make your answers as detailed as possible. Do not hesitate to offer suggestions as to how to be more effective in working with your child. Please provide a picture of your child with this registration form and submit to Alice Hunt in KidZone.

Mail to: Truro Church, 10520 Main St. Fairfax, VA 22030 Attn: Alice Hunt

FAMILY INFORMATION

Family Name: _____ Address: _____

Home Phone: _____ City: _____ Zip _____

Family E Mail Addresses: _____

Father's Name: _____ Mother's Name: _____

Father's Cell: _____ Mother's Cell: _____

Father's Work #: _____ Mother's Work #: _____

Emergency Contact Person: _____ Emergency Contact #: _____

(For use if parents cannot be contacted)

CHILD'S INFORMATION

Last Name: _____ First Name: _____ Nickname: _____

Date of Birth: ___/___/___ Height: _____ Weight: _____ Sex: _____ School: _____

Child's Disability: _____

Special Needs (walker, wheelchair, signer, restroom assistance): _____

Strengths: _____

Weaknesses: _____

Behavioral concerns and the best way to handle: _____

Helpful hints / suggestions for working with your child (how to motivate, how to calm, special words or phrases):

Conversation starters (brothers, sisters, friends, pets, interests, etc): _____

MEDICAL RELEASE

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (I.e. EMT, First Responder, E.R. Physician)

Physician Name: _____ Phone #: _____

Address: _____ Medications: _____

Medical conditions to be aware of (diabetic, seizures, asthma, vomiting, etc.): _____

Warning OR Indicators of medical or emotional concerns: _____

Authorized Parent/Guardian Signature

Date

*****Please Turn Form Over to Complete*****

PHOTOGRAPHY PERMISSION

I give / do not give permission to Truro Church to take photographs or video clips of my child to be used in Truro Church publications. The photographs/video clips could be used in a photo album, on Truro Church website, newspaper articles, or television media.

Authorized Parent/Guardian Signature

Date

Release of Liability

My child, _____, will be participating in the upcoming 2009– 2010 sessions as will our family. I hereby release and discharge Truro Church and any of its volunteers, directors, or staff members from any and all liability or responsibility for any accident or injury to person or property which may occur during the course of the activities and any extracurricular activities sponsored by Truro Church.

Parent / Guardian Signature: _____

Print Name: _____

Date: _____