# Welcome New Student!

(This document is completed by the parent.)

Student

Name

Birthdate

Parent/Guardian

Parent 1

Birthdate

Cell

Email

Parent 2

Birthdate

Cell

Email

Street Address

City, State, ZIP

## Care

Please give us as much information as you are comfortable sharing. This information will only be seen by our ministry staff and volunteers and used to care for your child.

What are things your child likes to do and talk about?

How does your child communicate?

What behaviors can we expect?

What triggers behavior?

What is calming for your child?

Diagnosis

Food Allergies

Restroom Needs

Physical Needs (Restroom, Vision and or Hearing Needs

Ambulation Needs

Seizures

Any information to help your child have the best experience while in our care