# Welcome New Student!

Student

Name Birthdate

\_\_\_\_ We’re just here for today. \_\_\_\_ We hope to attend again.

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 to 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

Vision and or Hearing Needs

Ambulation Needs

Seizures

Other Info