**Grace Chapel**

***Can Do* Ministry**

Child Profile and Placement

**Personal Data**

Child’s Name DOB

Address Grade

**Family Profile**

Father’s Name Ph. #

Mother’s Name Ph. #

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child live w/ both parents?

Are there any custodial arrangements that Grace Chapel needs to be made aware of?

Siblings: DOB

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(Additional siblings may be listed on back)

**Diagnosis:**

*We believe everyone is made in the image of God.* ***A diagnosis does not define an individual but “child of God” does.*** *However, knowing your child’s diagnosis will help us serve your family better.*

Please check any special need/s that your child has been diagnosed with and circle the degree of severity:

Diagnosis:

\_\_\_\_\_ ADD/ADHD Mild Moderate Severe \_\_\_\_\_\_Autism Spectrum (ASD) Mild Moderate Severe

\_\_\_\_\_\_Cerebral Palsy Mild Moderate Severe

\_\_\_\_\_\_Down Syndrome

­­­­­­­ \_\_\_\_\_\_Emotional Disturbance Mild Moderate Severe

 \_\_\_\_\_\_Epilepsy/Seizures Mild Moderate Severe

 \_\_\_\_\_\_\_Learning Disability Mild Moderate Severe

 \_\_\_\_\_\_Intellectual Disability Mild Moderate Severe

 \_\_\_\_\_\_Speech/language Delayed Mild Moderate Severe

 \_\_\_\_\_\_Tourette Syndrome Mild Moderate Severe

 ­­­ Traumatic Brain Injury Mild Moderate Severe

 Other Mild Moderate Severe

**Parent Description**

In your own words, describe your child. Please let us know what makes your child unique. Feel free to write more on the back of paper!

**Medical Issues**

Please list any medical issues/special concerns:

**Toileting/Special Care**

Is your child toilet-trained?

How does your child communicate their toileting needs?

Is your child independent with all toileting/self -care needs? If assistance is required, please describe the assistance they will require.

Other information:

\*\*\*Please note as stated on page 11 of *Grace Chapel Children’s Ministry Policy and Procedures*: After the age of 4, parents or legal guardians will change all special needs individuals.

**Dietary/Feeding**

Does your child have any food allergies? If so, please list:

Is your child independent with feeding or require any special assistance?

Does your child have any dietary restrictions?

**Communication**

Is your child verbal or non-verbal?

If non-verbal, do they communicate using ASL, gestures, or any assisted technology devices?

**Behavior**

Behaviors (positive and negative) exhibited at home (*parent input*):

Behaviors (positive and negative) exhibited at school (*parent and/or teacher input*):

Does the child have a behavior plan at home or school? Would you be willing to provide a copy to be kept in a confidential file at church?

What are effective ways to reinforce positive behaviors? (Ex. praise, physical touch, small token/prize, quality time)

What are effective ways to discourage negative behavior? (Time out, ignoring behavior, withholding, behavior chart)

Brainstorm about how to make Sunday morning class time a positive experience for child:

Notes on Child Placement: (to be filled out by church staff)

Signatures:

 Parent/s Signature

 Church Staff

 Church Staff

 Date

*I* ***CAN DO*** *all things through Christ Jesus who gives me strength.*

*Philippians 4:13*