**ELEMENTARY FORM FOR KIDS WITH SPECIAL NEEDS**

At Muirs Chapel UMC, our desire is to ignite a relationship between your child and the Lord Jesus Christ. We have one staff member that is a special need teacher with Guilford County and is here on Sunday mornings for our choir and Sunday School hour. The rest of our volunteer and staff team, though not formally trained in special education, wants to partner with you in the care and spiritual training of your child. In filling out this form, you can provide us with essential information to understand and assist your child.

*(This information may be shared with ministry volunteers as needed to adapt programming for your child.)*

Child’s Name: Birth Date:

Usual Service Time (Circle): 9:00 (Contemporary Service) 10:00 (Sunday School)

Parents’/Guardians’ Names:

Cell Phone Number(s):

Food Allergies: Epi-Pen (Circle): Yes No

Other Relevant Allergies:

Health or Medical Concerns/Disability Diagnosis:

Child’s Favorite Activities:

Child’s Dislikes, Aversions, or Triggers:

Communication: Verbal \_\_\_\_\_\_\_\_ Non-Verbal\_\_\_\_\_\_\_\_ Sign Language \_\_\_\_\_\_\_\_ Further Explanation:

Special Equipment of Medical Devices Needed:

**Do you foresee your child needing any support during classroom time** (paired with a buddy, extra help with craft supplies, etc.)**?**

**Does your child need extra assistance eating goldfish and drinking water? Would you prefer they were given a snack you provide? Would you prefer they are not given a snack?**

**Does your child need assistance going to the bathroom?**

**Does your child have any sensitivity to music, large groups of people, or the lights turning off?**

**Does your child have a physical disability that would prevent him or her from being able to play a game** (Simon Says, Hot Potato, Relays etc.)**?**

**Does your child need extra assistance to remain engaged during a lesson?**

**Are there extra steps we can take to help make your child’s worship experience a positive one?**