



## PALS REGISTRATION

Welcome to PALS! We hope this is a place that your child can thrive in an environment that seeks to train him/her in biblical principles while also allowing you to participate in the worship service. Take a moment to tell us a bit more about your family and your child.

Parent/Caregiver Name (First/Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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

Participant's Name: \_\_\_\_\_

Gender: Male/Female      Disability Diagnosis: \_\_\_\_\_

Participant's Birthdate (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Grade: \_\_\_\_\_

Describe the goals you have for your child during Sunday morning Children's Ministry:

Briefly describe your child's strengths:

Describe his/her mode of communication (verbal, non-verbal, communication device, pictures/symbols):

What activities does he/she enjoy participating in? What are his/her favorite toys/books/free time activities?

What reinforces your child? What motivates him/her?

What specific things upset him/her?

What specific things calm him/her?

Are there any negative behaviors you see at home that we might see at church? If yes, what are the behaviors? Do you know what typically triggers them? What works well at home to handle these behaviors?

Briefly describe his/her reading abilities (non-reader, grade level reader, reads at approximately [blank] grade level):

Does he/she experience seizures? Yes/No

Does he/she have any food allergies? Yes/No  
If yes, please explain.

Does he/she require ambulation or a mobility device? Yes/No  
(i.e. braces, cane, crutches, walker, manual wheelchair, electric wheelchair)  
If yes, please explain.

Does he/she need help with toileting? Yes/No  
If yes, please explain the extent of the need.

Are there any behaviors that may indicate a medical problem requiring medical attention? Yes/No  
If yes, please explain.

Are there any medications currently prescribed by your child's doctor? Yes/No

Are there any further details that are pertinent to the care of your child?

Are there any other adults who will be checking your child in or out of PALS? Yes/No  
If yes, provide their name(s) and number(s). Their picture needs to be your parent card for pick-up: