

First United Methodist Church Grapevine				
422 CHURCH STREET, GRAPEVINE, TX 76051 817-481-2559 www.firstmethodistgrapevine.org				
Church Contact: Rev Nathan Firmin: Pastor of children and families				
*** Special Needs Child(ren) Names ***				
[LAST NAME]		[FIRST]		[MIDDLE]
1				
2				
BIRTHDAY:	1	2	AGE(S):	1. 2.
DIAGNOSIS OR SYMPTONS:				
PARENT'S LAST NAME		FATHER	MOTHER	HOME #
CELL PHONE #:				
ADDRESS INFO	STREET #			
	CITY			
	STATE			
	ZIPCODE			
	EMAIL ADDRESS:			
In the event of an emergency, the following person may be called and is authorized to pick up my child(ren):		NAME:		
		PHONE #:		
		RELATIONSHIP		
		DRIVER LICENSE or PHOTO ID:		MUST SHOW A PICTURE ID WHEN PICKING UP CHILDREN
SIBLING(S)	NAME		BIRTHDATE	CURRENT AGE
	3			
	4			
	5			
NOTES:				

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HIGHLIGHT OR CIRCLE THE CHOICE WHICH PERTAINS TO EACH CHILD

List the child(ren) names as you did on Page 1

EATING HABITS:

1	2	3	4	5
NO RESTRICTIONS	NO RESTRICTIONS	NO RESTRICTIONS	NO RESTRICTIONS	NO RESTRICTIONS
SOFT FOODS ONLY	SOFT FOODS ONLY	SOFT FOODS ONLY	SOFT FOODS ONLY	SOFT FOODS ONLY
BOTTLE ONLY	BOTTLE ONLY	BOTTLE ONLY	BOTTLE ONLY	BOTTLE ONLY
NOTHING BY MOUTH	NOTHING BY MOUTH	NOTHING BY MOUTH	NOTHING BY MOUTH	NOTHING BY MOUTH

LIST FOOD ALLERGIES

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Any Special Request on Food:

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NOTE:

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THE FOLLOWING INFORMATION IS ON YOUR SPECIAL NEEDS CHILD ONLY

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PHYSICAL NEEDS

	1		2	
TIOLETING SKILLS	INDEPENDENTLY		INDEPENDENTLY	
	POTTY TRAINED: NEEDS ASSISTANCE		POTTY TRAINED: NEEDS ASSISTANCE	
	CURRENTLY BEING POTTY TRAINED		CURRENTLY BEING POTTY TRAINED	
	NEEDS REMINDING TO USE THE BATHROOM		NEEDS REMINDING TO USE THE BATHROOM	
STAFF CAN HELP BY:				
VISION	NORMAL OR IMPAIRED		NORMAL OR IMPAIRED	
	GLASSES OR CONTACTS		GLASSES OR CONTACTS	
	GLASSES		GLASSES	
	BLIND		BLIND	
MOTOR SKILLS	ROLLS OVER	WHEELCHAIR	ROLLS OVER	WHEELCHAIR
	CRAWLS	SITS	CRAWLS	SITS
	WALKS: WITH	ON THEIR OWN	WALKS: WITH	ON THEIR OWN
		CRUTCHES		CRUTCHES
		BRACES		BRACES
		WALKER		WALKER

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ACTIVITIES MY CHILD LIKES

	1		2	
ACTIVITIES	MUSIC	STORIES	MUSIC	STORIES
	PHYSICAL GAMES	INDEPENDENT PLAY	PHYSICAL GAMES	INDEPENDENT PLAY
	COLORING	MOVIES	COLORING	MOVIES
	READING	GROUP ACTIVITY	READING	GROUP ACTIVITY
	Addition Suggestion: LIST BELOW		Addition Suggestion: LIST BELOW	
MY CHILD NEEDS ENCOURAGEMENT TO:				
MY CHILD PARTICIPATES MORE WHEN:				
MY CHILD LEARNS BEST WHEN YOU:				
MY CHILD DOES NOT ENJOY:				
PLEASE DON'T ASK MY CHILD TO:				

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List the child(ren) names as you did on Page 1		COMMUNICATIONS WITH OTHERS			
	1		2		
SPEECH	BABBLES	COMPLETE WORDS	BABBLES	COMPLETE WORDS	
	GESTURES	SENTENCES	GESTURES	SENTENCES	
	SIGN LANGUAGE	STRUCTURE PHRASES	SIGN LANGUAGE	STRUCTURE PHRASES	
	SOUNDS ONLY		SOUNDS ONLY		
UNDERSTANDS WHAT OTHERS SAY:	ALL OF THE TIME	SOME OF THE TIME	ALL OF THE TIME	SOME OF THE TIME	
	MOST OF THE TIME	NO TIME	MOST OF THE TIME	NO TIME	
COMMENTS:					
BEHAVIOR	SHY	PLAYS IN GROUP	SHY	PLAYS IN GROUP	
	OUTGOING	HYPER AND/OR ADD	OUTGOING	HYPER AND/OR ADD	
	SOMETIMES:		THREATENS OTHERS	SOMETIMES:	THREATENS OTHERS
			TRIES TO RUN AWAY		TRIES TO RUN AWAY
			DESTRUCTIVE		DESTRUCTIVE
	ADAPTS TO SITUATIONS		ADAPTS TO SITUATIONS		
	WELL	SOMETIMES ALWAYS	WELL	SOMETIMES ALWAYS	
	DIFFICULTY	SOMETIMES ALWAYS	DIFFICULTY	SOMETIMES ALWAYS	
	RESPONDS TO CORRECTION		RESPONDS TO CORRECTION		
	WELL	SOMETIMES ALWAYS	WELL	SOMETIMES ALWAYS	
	DIFFICULTY	SOMETIMES ALWAYS	DIFFICULTY	SOMETIMES ALWAYS	
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	1	2	
MY CHILD RESPONDS TO SEPARATION FROM HIS/HER PARENTS BY:			
MY CHILD IS BEST COMFORTED BY:			
MY CHILD LETS SOMEONE KNOW WHAT HE/SHE WANTS OR NEEDS BY:			
FEARS AND/OR DISLIKES			
NAMES OF HIS/HER FAVORITE TOY, STUFFED ANIMAL, COLOR			
PARENT SIGNATURE		DATE:	
STAFF REVIEW		DATE:	
Please complete this form and return to: FUMC of Grapevine at 422 Church St, Grapevine, TX 76051. We will need to receive a completed form before your child(ren) can participate in the program. Any questions, contact the church, 817-481-2559, or myself: Joyce King at the information below:			
<i>Joyce King, Respite Coordinator</i>		txjak99@aol.com	817-488-9141