

# 2011-2012 CHILD PROFILE for NURSERY-6<sup>th</sup> GRADE

Child's Name \_\_\_\_\_ \ \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(Preferred Name)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Grade (Fall '11) \_\_\_\_\_ School \_\_\_\_\_

Parents/Legal Guardians Name(s) \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Siblings (with ages) \_\_\_\_\_

**\*Our goal is to minister to every child. PLEASE NOTE on the other side of this form ANY Allergies, Special Needs or Extra Assistance your child requires.\***

*E-Free Children's Ministries exist because of a team of committed volunteers who love Jesus.*

**Please consider serving in one of these areas, circle your preferences:**

Nursery Sunday School Children's Church Music Crafts  
Special Events (i.e. VBS, Christmas) AWANA Other \_\_\_\_\_

This form completed by \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* Continued on other side...**

**Please answer the following questions regarding your child so we may better serve him/her.**

Information on your child is considered confidential and will only be used by the staff and teachers directly involved with him/her.

**\*May our God's Special Kids Coordinator contact you regarding your child's SPECIAL needs? YES NO**

**Allergies/Asthma -**

- Is your child allergic to:
  - Any foods? YES NO If yes, please list \_\_\_\_\_
  - Bee/wasp stings? YES NO If yes, does he/she require an EPI pen? YES NO
  - Airborne allergens? YES NO If yes, please list \_\_\_\_\_
  - Medications? YES NO If yes, please list \_\_\_\_\_
- Does your child have asthma? YES NO If yes, does he/she carry an inhaler? YES NO

**Reading-**

- Does your child require assistance? YES NO  
How can we assist him/her? \_\_\_\_\_

**Mobility-**

- Does your child require any physical assistance? YES NO  
How can we assist him/her? \_\_\_\_\_

**Impairments-**

- Does your child have any vision, hearing, speaking, writing or sensory impairments? YES NO  
How can we assist your child? \_\_\_\_\_

**Attention/Transitions-**

- Does your child have any attention problems? YES NO If yes, what helps? \_\_\_\_\_
- Does your child have trouble with transitioning from one task/event to the next? YES NO  
If yes, how can we help? \_\_\_\_\_

**Are there any other behaviors or concerns we should know about? Please be specific** \_\_\_\_\_