

2010-2011 CHILD PROFILE for NURSERY-6th GRADE

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

Mailing Address _____
City _____ Zip Code _____

Age _____ Birth date _____ Grade (Fall '10) _____ 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 circle the area(s) you can assist in: **Nursery** **Sunday School** **Children's Church**
Music **Crafts** **Special Events (i.e. VBS, Christmas)** **AWANA** **Other** _____

This form completed by _____ Date _____

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 _____