



Child Registration

Today's Date: _____

Child's Full Name: _____ **Name Child Goes By:** _____

Gender: _____ **Birthdate:** _____ **Age:** _____

Child Lives with: _____

School/Centre: _____

Father/Mother/Guardian Name: _____

Street Address: _____

P.O. Box: _____ **Postal Code: KY** _____ **District:** _____

Phone: (home) _____ **(cell)** _____

Email Address: _____

Father/Mother/Guardian Name: _____

Street Address: _____

P.O. Box: _____ **Postal Code: KY** _____ **District:** _____

Phone: (home) _____ **(cell)** _____

Email Address: _____

	Father		Mother		Guardian	
	YES	NO	YES	NO	YES	NO
Do you access email regularly?						
Do you use WhatsApp?						
Do you text?						

MEDICAL INFORMATION

Child's Primary Diagnosis: _____

Allergies:

Drugs: _____

Foods: _____

Other: _____

Medical History:

1. How would you assess your child's overall health? GOOD FAIR POOR
2. List any chronic health problems (e.g. asthma, pressure sores, cough) and treatments of which the GLOW should be aware: _____
3. Does your child have seizures? YES NO
 If yes, please complete the following:
 Current Status (i.e. active, controlled): _____
 Type of Seizure: _____
 How Often: _____
4. Please explain any medical/physical conditions that impact activity?

5. Any other relevant medical information?

Medications:

List all medications your child is currently taking: _____

Physician:

Primary Physician: _____ Phone: _____

CARE NEEDS (circle one)

Vision: Normal Impaired Blind
Assistive devices used: _____

Hearing: Normal Impaired Total Loss
Assistive devices used: _____

Communication: Verbal Gestures Sign Language PECS Other
Assistive devices used: _____
Does your child understand what is being said to him/her? _____
How does your child express his/her needs? _____

Mobility: Walks Scooter Wheelchair Crutches Walker Cane
Please describe transfers if applicable: _____

Adaptive Devices: None A FOs Prosthesis Helmet Other
If Other, please describe: _____

Toileting: No Assist Partial Assist Total Assist
If assist needed: Catheterization Diapers Pull-Ups
How does your child indicate needing to use the toilet? _____

Indicate special toileting needs/schedules: _____

- ❖ Typical toileting needs for children 3-5 years will be attended to by two female GLOW volunteers.
- ❖ Parents of children older than 6 years old will be contacted to assist his/her child.
- ❖ For all ages, when the toileting is beyond standard expectations, parents will be contacted to toilet his/her child.

BEHAVIOUR

Socially: (i.e. outgoing, takes part in conversations, shy, etc...)

at home _____

in other settings _____

Adapts to New Situations/Environments: Well With Difficulty

Handles Transitions Well With Difficulty

Helpful strategies to assist with transitions: _____

Responds to Correction: Well With Difficulty

Methods of correction used at home (i.e. time out, removing of privileges, etc.):

Behavioral Challenges (circle all that apply):

Destructive Threatens Runs Away Hits Others Hits Self Bites Others Bites Self

Other: _____

Triggers for behaviors: _____

Frequency of behaviors: _____

Successful ways to deal with behaviors: _____

ADDITIONAL INFORMATION

What is your child's understanding of God or a relationship with Christ? _____

Activities most enjoyed by your child: _____

Your child's favourite worship songs: _____

Your child's favourite songs: _____

Does your child have any specific fears? _____

How your child is best comforted? _____

Any additional information that you would like to share:

Prayer requests:

EMERGENCY CONTACTS (other than parents or physician)

In case of an emergency, the following persons may be called and are authorized to pick up my child. (At least one contact must be supplied. Positive identification must be provided before your child will be released.)

Name: _____

Home phone: _____ Cell phone: _____

Relationship: _____

Name: _____

Home phone: _____ Cell phone: _____

Relationship: _____

PERMISSION/AUTHORIZATION AGREEMENT

By allowing my child to attend programs at and with Cayman Islands Baptist Church, I acknowledge that:

- I have fully disclosed to Cayman Islands Baptist Church all pertinent facts about my child’s special needs and accept full responsibility for failure to do so.
- I will respond to texts during service for all diapering and/or feeding needs, providing all necessary food, drinks, snacks, and diapers/wipes for my child.
- In case of an emergency or accident, I understand that 911 will be called. I authorize EMS (Emergency Medical Services) to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services to my child.
- The church may capture photo/video images of my child and could feature/include my child in broadcast and print media, on the church web site, and in publications and programs.

Please initial this box if you do NOT wish to have your child videoed or photographed.

Parent’s Name: _____
(Parent or Legal Guardian)

Signature: _____

Date: _____