



A Ministry of Lima Community Church of the Nazarene  
2945 N Cole Street Lima, OH 45801  
419-223-9646

## Special Friends Ministry Registration & Request for a Buddy

(Please Print, except where a signature is required. THANKS!)

Date \_\_\_\_\_

### 1. Please help us better understand your child with special needs

Child's name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name child responds to \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Child lives with: \_\_\_\_ both parents \_\_\_\_ mother \_\_\_\_ father \_\_\_\_ grandparents

\_\_\_\_ parent & step parent \_\_\_\_ guardian/other

Address \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell # \_\_\_\_\_ Text? Y / N

Name referred to by child \_\_\_\_\_ Email \_\_\_\_\_

Father's name \_\_\_\_\_ Cell # \_\_\_\_\_ Text? Y / N

Name referred to by child \_\_\_\_\_ Email \_\_\_\_\_

Guardian's name \_\_\_\_\_ Cell # \_\_\_\_\_ Text? Y / N

Name referred to by child \_\_\_\_\_ Email \_\_\_\_\_

Child's disability/impairment/diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. EMERGENCY CONTACTS (other than doctor or parent/guardian listed above)

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Text? Y / N

Home Phone \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

### MEDICAL EMERGENCY CONTACTS

Primary Health Provider \_\_\_\_\_ Phone # \_\_\_\_\_

Specialist \_\_\_\_\_ Phone # \_\_\_\_\_

**3. CARE NEEDS**

Primary health concerns of the child:

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VISION:  Typical  Impaired  Blind  
HEARING:  Typical  Impaired  Deaf  Hearing Aid  
MOTOR:  Head Control  Rolls Over  Sits  Crawls  Walks  
USES:  Walker  Crutches  Braces  Wheelchair

Please describe any special positioning needs your child may have or adaptive devices he/she may use:

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Please list any medication needed in **EMERGENCY** situations:

**(We do not administer medication – the parent will be paged if medication is needed.)**

**DOES YOUR CHILD RECEIVE SPECIAL EDUCATION OR EXCEPTIONAL STUDENT SERVICES AT SCHOOL?**  Yes  No Name of School/School District \_\_\_\_\_

**IF "YES" WHICH TYPE OF CLASSROOM DOES YOUR CHILD PARTICIPATE IN?**

General Education Classroom  Resource/Separate Classroom  Both

Please elaborate:

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**DOES YOUR CHILD RESPOND WHEN COMMUNICATED TO BY OTHERS VERBALLY?**

Yes  No

**CAN COMMUNICATE WITH OTHERS USING:**

Speech:  Words  Phrases  Sentences  Babbles  Gestures

Sign Language  iPad/Tablet  Other (describe): \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Elaborate if needed:

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**CAN UNDERSTAND WHAT OTHERS SAY:**

All the time  Most of the time  Some of the time

Recognizes voices of family members

**RESPONDS BEST TO:**  Males  Females

**ALLERGIES:** (Drugs, Food, Other)

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**DRINKING/EATING HABITS:**

**(During the time your child is with us, we will not be serving them food or drink unless it is something you bring with you and your child is REQUIRED to have during the time they are with us. In the instance that your child does REQUIRE being fed, please help us to understand their eating habits and abilities.)**

My child: \_\_\_ drinks from a cup \_\_\_ drinks from a bottle \_\_\_ other

Drinking Schedule: \_\_\_\_\_

My child: \_\_\_ feeds self with: \_\_\_ spoon \_\_\_ fork \_\_\_ hands

My child: \_\_\_ requires feeding

Eating Schedule: \_\_\_\_\_

Special or Modified Diet \_\_\_\_\_

**TOILETING SKILLS:** \_\_\_ Toilets Independently \_\_\_ Currently being potty trained

\_\_\_ Requires Catheterization \_\_\_ Potty trained, needs assistance \_\_\_ Diapers

Frequency/Schedule \_\_\_\_\_

How does your child indicate a need to use the toilet or communicate bathroom needs?

Indicate special toileting needs: \_\_\_\_\_

**(If your child does not use the toilet independently and is over the age of 3 years, you will be paged to assist and/or change your child. We have a family restroom designed with our Special Friends in mind.)**

**BEHAVIOR:** (check all that apply)

\_\_\_ Shy \_\_\_ Outgoing

\_\_\_ Plays Alone \_\_\_ Plays in Groups \_\_\_ Plays Side By Side

\_\_\_ Adapts to new situations well

\_\_\_ Adapts to new situations with difficulty

\_\_\_ Responds to correction well

\_\_\_ Responds to correction with difficulty

\_\_\_ Is sometime destructive or aggressive

\_\_\_ Is easily frustrated/agitated

\_\_\_ Sometimes hits, bites, or hurts self/others

\_\_\_ Sometimes attempts to elope/run off

\_\_\_ Hyperactive and/or ADD

\_\_\_ Does not like loud noises: \_\_\_ may need ear phones

\_\_\_ Does not like crowds

My child responds to separation from me by:

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My child is best comforted by:

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**(If there is anything you would want to supply from home to keep here at the church that would make your time or your child's time easier, please feel free to bring it (diapers, wipes, chargers, headphones, a duplicate of a special blanket, etc). Each child registered with the Special Friends Ministry will have a special bag to keep here at the church designated for him or her.)**

My child lets his/her needs be known by:

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What type of play activities does your child enjoy and/or participate in?

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My child does not enjoy:

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What specific behaviors indicate that your child is getting upset or frustrated?

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In such a situation, what strategies do you recommend the buddy use?

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**(We ask that you, as parents/guardians, would observe a typical children's service in our Children's Ministry Department so you can help us know how your child will best function and engage in that environment. It might be Tinytown Nursery (birth – 3 years), upTOWN Preschool (4 years – Kindergarten), or DOWNTOWN Elementary (1<sup>st</sup>-5<sup>th</sup> grades).**

**4. PERMISSION/AUTHORIZATION AGREEMENT**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INITIAL IN THE DESIGNATED SPACE INDICATING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE PROVISIONS.

\_\_\_\_ I have fully disclosed to Lima Community Church of the Nazarene all pertinent facts about my child’s special needs and accept full responsibility for any missing information.

\_\_\_\_ I will remain on the Lima Community Church of the Nazarene campus during the time my child is participating in the Special Friends Ministry.

\_\_\_\_ I do hereby grant Lima Community Church of the Nazarene’s Special Friends Ministry permission to use and reproduce any and all photographs, physical likenesses, audio/voice materials, and/or words of me or my son/daughter. I understand that such reproduction may be used for promotional materials, educational activities, or to benefit the Special Friends Ministry.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each:

_____	_____	_____
Print Name of Mother	Signature of Mother	Date
_____	_____	_____
Print Name of Father	Signature of Father	Date
_____	_____	_____
Print Name of Caregiver/Legal Guardian	Signature of Caregiver/Legal Guardian	Date