

# Possibilities Ministry Family Registration Form

Family Last Name \_\_\_\_\_ Date \_\_\_\_\_

Parents/Guardians Names \_\_\_\_\_

Primary Number \_\_\_\_\_

Alternative Number \_\_\_\_\_

Best Email \_\_\_\_\_

Would you like to be added to our email update list? Yes  No

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Individuals information:

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Siblings Names and Ages \_\_\_\_\_

School/Day Support/Job Placement \_\_\_\_\_

Allergies? \_\_\_\_\_

What is the most important thing we should know about the Individual? \_\_\_\_\_

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

What are two things the Individual is awesome at?

1. \_\_\_\_\_

2. \_\_\_\_\_

DIAGNOSIS: What is the individuals diagnosis? \_\_\_\_\_

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

MEDICATION: List ALL medications taken \_\_\_\_\_

\_\_\_\_\_

SEIZURES: Does the Individual have seizures? Yes  No

If Yes, How does the seizure present? \_\_\_\_\_

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

What is the seizure protocol? \_\_\_\_\_

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MOBILITY: What requirements or special equipment does the Individual have?\_\_\_\_\_

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DIETARY/FEEDING: Is the Individual able to eat orally? Yes  No

If yes, what are some preferred foods?\_\_\_\_\_

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Can Possibilities Ministry offer the individual these or other preferred foods? Yes  No

What foods are restricted?\_\_\_\_\_

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What support can Possibilities Ministry provide the Individual for eating?\_\_\_\_\_

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COMMUNICATION: How does the Individual communicate?\_\_\_\_\_

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We would know the Individual is happy because\_\_\_\_\_

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We would know the Individual is sad because\_\_\_\_\_

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How can Possibilities Ministry support the Individuals communication?\_\_\_\_\_

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BEHAVIOR: What are the behavioral concerns?\_\_\_\_\_

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Is the Individual a danger to themselves or others? Yes  No

Is the individual a wanderer or runner? Yes  No

Explain\_\_\_\_\_

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What behavior management plans are being used at home?\_\_\_\_\_

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What are some preferred activities?\_\_\_\_\_

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TOILETING: Does the Individual toilet independently? Yes  No

If No, what support is needed?\_\_\_\_\_

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Can Possibilities Ministry staff/volunteers provide that support? Yes  No

How will the Individual express needing a diaper change or to use the toilet?\_\_\_\_\_

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SPECIAL CONCERNS: Does the individual have a g-tube, require special positioning, an epi pen etc.? Explain.\_\_\_\_\_

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Should photographs be taken do you give permission for Christ Church to share them publicly (social media, website, etc.)? Yes  No

I give permission for the information in this form to be shared with Christ Church staff and volunteers who may be working directly with the individual. Yes  No

Parent/Guardian Printed Name\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_

Date\_\_\_\_\_

If you have a child or youth who would like to attend a regularly scheduled Ministry program (Little Sparks, Fuse, Charge, Ignite) at 9:30 and you believe they would benefit from a Mentor please contact Brooke Varma, Director of Possibilities Ministry.