

# Fellowship Bible Church Dallas

## Special Needs Class

### Family Registration Form

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

#### FAMILY INFORMATION

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Siblings (names/ages) \_\_\_\_\_

#### CHILD INFORMATION

School Child Attends \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Child's Disabilities \_\_\_\_\_

Seizures  Yes  No

Food allergies/Dietary Restrictions \_\_\_\_\_

Check if assistance is needed  Drinking  Eating  Toileting/Hygiene

Fine Motor Activities  Gross Motor Activities

Communication  Verbal Specify \_\_\_\_\_

Nonverbal Specify  Gestures  Sign Language  Pictures

Voice Output Device

Behavioral Needs  Yes  No If yes, please specify \_\_\_\_\_

\_\_\_\_\_

Child's Strengths \_\_\_\_\_

\_\_\_\_\_

Child's Challenges \_\_\_\_\_

\_\_\_\_\_

Particular Likes/Dislikes \_\_\_\_\_

\_\_\_\_\_

Past church experience \_\_\_\_\_

\_\_\_\_\_

Child's understanding of God/relationship with God \_\_\_\_\_

\_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Fellowship Bible Church Dallas**  
**Special Needs Photo & Video Release**

I \_\_\_\_\_ give my consent to FBCD to photograph/videograph  
\_\_\_\_\_ my son/daughter/self. I understand that these will  
be used in FBCD sponsored communications only (newsletters, brochures, videos, FBCD  
website or classroom presentations).

Signed \_\_\_\_\_  
(Parent/Legal Guardian)

Date \_\_\_\_\_