

**FIRST UNITED METHODIST CHURCH
SHINING STARS SPECIAL NEEDS SUNDAY SCHOOL CLASS
APPLICATION**

I. BASIC INFORMATION

CHILD'S NAME: _____
Last First Middle

NICKNAME (if any): _____

BIRTHDAY _____ AGE _____

ADDRESS: _____

HOME PHONE: _____

PARENT NAME(S):	_____	_____
	Name	Name
	_____	_____
	Cell Phone/Work Phone	Cell Phone/Work Phone
	_____	_____
	Email address	Email address

SPECIAL NEEDS DIAGNOSIS: _____

II. ACTIVITIES

Please list activities your child likes to engage in (i.e. music, stories, coloring, physical games, independent play, group activities reading, being read to)

My child needs encouragement to: _____

My child does not enjoy: _____

Please do not ask my child to: _____

My child learns best when the teacher: _____

My child participates more when the teacher: _____

III. PHYSICAL NEEDS

Please circle all that apply:

VISION: Normal/Impaired/Blind

HEARING: Normal/Impaired/Deaf/Hearing Aid

MOTOR: Head Control/Rolls Over/Sits/Crawls/Cruises/Walks

ASSISTANCE: Walker/Crutches/Braces/Wheelchair

TOILETING SKILLS: Toilets independently/Potty trained-needs help/
Currently being potty trained/Diapers: Cloth or Disposables

If needs help, please specify: _____

EATING HABITS: ALLEGIES Food: _____ Other: _____

No restrictions/Soft foods only/Can take nothing by mouth/Bottle only

Specific requests: _____

IV. COMMUNICATION WITH OTHERS

Communicates with others using: Speech - Words/Phrases/Sentences
Babbles/Gestures/Sign Language/Other _____

Can understand what others say: All of the time/Most of the time/Some of the time

BEHAVIOR: Outgoing/Shy
Adapts to new situations well/Adapts to new situation with difficulty
Responds to correction well/Responds to correction with difficulty
Is sometimes destructive/Sometimes threatens others/
Sometimes hits/bites or hurts self/others/
Sometimes attempts to run away/Hyperactive and/or ADD
Plays in groups

My child responds to separation from his/her parents by: _____

My child is best comforted by: _____

My child lets someone know what he/she wants or needs by: _____

V. OTHER INFORMATION

We have a pet(s), named: _____

Brothers and sisters:

Name	Age	Birthday
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Favorite toy/stuffed animal: _____
Will be with child? Yes/No

Favorite color is: _____

Fears or dislikes (i.e. dogs, loud sounds, certain food/activity): _____

Any other pertinent information about your child that would help while in our care: _____

I/We do/do not (please circle) give my/our permission for my/our child(ren) to be photographed or videotaped at First United Methodist Church of Arlington. I understand that these photos or videos may be used to promote Shining Stars/special needs in the future.

PARENT(S) SIGNATURE:

DATE:

STAFF REVIEW:

DATE:
