

Date: \_\_\_\_\_



**ROCKY MOUNTAIN CALVARY  
Special Needs Information Form**

**Please fill out this form to help our teachers understand your child and know how to better serve them. The more you share, the better we can help!**

**\* This information will only be available to ROCKY MOUNTAIN CALVARY's Special Needs teachers and Children's Ministry Staff to better get to know your child.\***

**General Information:**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Phone Number (Mobile) \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Phone Number (Mobile) \_\_\_\_\_  
E-mail: \_\_\_\_\_ Emergency Phone Number (we MUST be  
able to contact this number during a church service): \_\_\_\_\_

**Please describe your child's special need:**

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**Does your child have any allergies, medications, or other health vulnerabilities that we need to be aware of?**

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**Class Instruction (Help us know how to best communicate with your child):**

**My child learns best when:**

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**My child likes teachers to show approval by:**

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**My child can best be calmed/reassured by:**

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**My child can best be diverted/corrected by:**

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Date: \_\_\_\_\_

**Class Instruction (Continued):**

**What are the bathroom requirements for your child?**

\_\_\_\_\_

**What food/drink restrictions does your child have?**

\_\_\_\_\_

**Is there any additional information that you would like us to know?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fun Stuff (Help us understand what your child's interests are):**

**Child's favorite color(s):**

\_\_\_\_\_

**What are some things that your child enjoys?**

\_\_\_\_\_

\_\_\_\_\_

**Name some people that are important to your child?**

\_\_\_\_\_

\_\_\_\_\_

**Other interests:**

\_\_\_\_\_

\_\_\_\_\_

-----BELOW FILLED OUT BY RMC SPECIAL NEEDS LEADERS-----

**Teacher's Records & Notes:**

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Date Child Started Coming:** \_\_\_\_\_

**Date Child Stopped Coming:** \_\_\_\_\_