THRU *the* **ROOF**
Special Needs Ministry

Date:_____

Guest Registration Form

Name of Person with Disability: _____
                              (First)   (Last)

Diagnosis/es:_____

Gender (circle):   Male   Female   Photo/Video Permission (circle):   YES   NO

Birthdate (MM/DD/YYYY): _____   Biological Age: _____   Developmental Age: _____

Parent/Guardian Information

Name: _____ Relation to Disabled: _____
              (First)   (Last)

Phone: (_____) _____-_____   Communication Preference: Text   Call   Email

Email: _____ Add to our mailing list?   Yes   No

Name: _____ Relation to Disabled: _____
              (First)   (Last)

Phone: (_____) _____-_____   Communication Preference: Text   Call   Email

Email: _____ Add to our mailing list?   Yes   No

Mailing Address: _____
              (Number/ Street)   (City)   (Zip Code)

Sibling(s) (Name/Age): _____

Life Bible Study class (LBS): _____   Worship Service: 9:15   11:00   5:00

Care Information:

Behavioral concerns:_____

Potential triggers: _____

Sensory Needs/Aversions: _____

Reinforcers: _____

Eating Needs: _____

Restroom Needs: _____

Allergies: _____

Medical Needs/Concerns:_____

Other concerns/things we need to know: _____

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Date:_____

Class Placement: _____   Admin Name: _____

Admin Checklist:

- ☐ Guest given hand written name tag/ parent given hand written pick up tag
- ☐ Introduced to TTR Staff member (staff will bring child to classroom)
- ☐ Given Guest Folder
- ☐ Explain check in procedure
- ☐ Explain drop off/pick up procedure
- ☐ Explain TTR suite and typical schedule for Guest's class