

Enrollment Form

I. BASIC INFORMATION

Child's Name _____ Nickname _____

Gender M F Birth Date _____ Age _____ Grade, if applicable _____

Child lives with _____

Child's Address _____

Father's/Guardian's Name _____ Mother's/Guardian's Name _____

Cell Phone _____ Cell Phone _____

Address _____ Address _____

E-mail _____ E-mail _____

II. EMERGENCY CONTACTS

In case of emergency, the following persons are authorized to pick up the child. Identification is required for the child to be released.

Name _____ Name _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Address _____ Address _____

Relationship _____ Relationship _____

Please give all relevant contact information to be used in case of a medical emergency:

III. GENERAL STATUS AND NEEDS

Has your child been officially diagnosed with any medical, genetic, cognitive, developmental, or communication conditions or disorders that will impact his or her ability to learn or to participate in classroom activities or Mass? Yes No

If yes, please describe: _____

If your child receives special education services at school, which type of classroom does he or she participate in? This will help us plan for your child's religious education classroom needs. Please check all that apply.

- general education classroom all the time general education classroom part of the time
- resource room some of the time separate classroom for students with disabilities has a classroom aide

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Enrollment Form *(continued)*

Communication

In terms of communication, how would you describe the following as they relate to your child?

Language(s) Spoken at Home: _____

Speech: gestures meaningful sounds words phrases sentences sign language

Communication Devices Used: _____

Language Comprehension: understands all the time understands most of the time understands some of the time
 recognizes voices of family members or other significant individuals

Does your child read? Yes No If yes, at what approximate grade level? _____

Eating

Special Dietary Requirements: _____

Food Allergies: _____

IV. CELEBRATING SACRAMENTS

Has your child been baptized? Yes No

If so, when/where? _____

Has your child celebrated the Sacrament of Reconciliation? Yes No

Does your child need assistance to communicate with the priest? Yes No

Has your child celebrated the Sacrament of First Holy Communion? Yes No

If so, when/where? _____

If yes, does your child regularly receive the Eucharist? Yes No

If yes, does your child receive a low-gluten host? Yes No

If yes, does your child only receive the Precious Blood? Yes No

Has your child celebrated the Sacrament of Confirmation? Yes No

If so, when/where? _____

How would you describe your family's experience at Mass? _____

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Enrollment Form *(continued)*

V. FAITH FORMATION

Has your child attended faith formation classes in the past? Yes No

If yes, when/where? _____

In general, what can a catechist expect from working with your child?

Does your child like to pray? Yes No Please describe: _____

Does your child enjoy quiet activities? Yes No If yes, please list the activities: _____

Does your child like hands-on activities? Yes No If yes, please describe: _____

Does your child like to sing or listen to music? Yes No Please describe: _____

Does your child read and write at grade level? Yes No

If learning the teachings of the faith, expressing his or her faith, and developing a deeper relationship with God are the goals, which model of catechesis will likely work best for your child?

- one-on-one (perhaps alongside you or a teen faith mentor)
- group catechesis with peers in a typical religious education program (with assistance as needed)
- group catechesis with other children with special needs

Why does the model you selected make the most sense for your child?

In terms of practicing and living the Catholic faith, what are your greatest hopes for your child?

How much practice do you think your child will need to exhibit his or her faith, such as learning prayers, attending Mass reverently, or receiving the Eucharist? not much some a lot

If anything, what might your child or family need to feel totally welcomed and included at Mass or in the parish?

The information I have provided is correct to the best of my knowledge. I understand that the information is confidential and will be used solely by the program coordinator and catechist to help my child participate in faith formation. I understand that the program coordinator, catechist, and church leadership are not formally trained to meet all of my child's medical, behavioral, or educational needs, but they will do their best to serve my child under typical circumstances. I assume responsibility for any atypical circumstances that occur while my child is under the care of the program coordinator and catechist. I recognize that I am responsible to communicate directly with my child's catechist and the program coordinator as my child's situation changes or as new needs arise.

Parent Signature _____

Date _____

Parent Questionnaire

Child's Name _____ Interviewee _____

Does your child receive special education services at school or in the community? Yes No

If yes, please list service agencies and services. _____

Physical In general, how would you characterize the following as they relate to your child?

Vision: typical impaired blind

Hearing: typical impaired deaf uses hearing aid

Gross Motor: head control sits crawls walks with assistance walks independently

Fine Motor: typical delayed impaired

Ambulatory Aids: walker crutches braces wheelchair

Other Medical Devices Used: _____

Other Physical Needs: _____

Allergies (medications, food, other): _____

How can we best meet your child's physical needs? _____

Toileting

Frequency/Schedule: _____

Toilets: independently with assistance **Toileting Aids:** none diapers/pull-ups catheter

How does your child tell someone that he or she needs to use the restroom? _____

Behavioral Please check all that apply to your child.

- | | | |
|--|--|---|
| <input type="checkbox"/> shy | <input type="checkbox"/> plays well alone | <input type="checkbox"/> sometimes hits, bites, or hurts self or others (please explain) |
| <input type="checkbox"/> outgoing | <input type="checkbox"/> plays well in groups | _____ |
| <input type="checkbox"/> enjoys peer interactions | <input type="checkbox"/> adapts well to change | _____ |
| <input type="checkbox"/> enjoys interactions with adults | <input type="checkbox"/> responds well to gentle correction | <input type="checkbox"/> is comfortable when away from family members or in a new setting |
| <input type="checkbox"/> likes to share | <input type="checkbox"/> sometimes attempts to run away | <input type="checkbox"/> has some separation anxiety (please explain) |
| <input type="checkbox"/> can concentrate for typical periods of time | <input type="checkbox"/> is generally gentle with people and objects | _____ |
| <input type="checkbox"/> can sit with a large group | <input type="checkbox"/> is sometimes destructive | _____ |
| <input type="checkbox"/> can follow verbal directions | <input type="checkbox"/> sometimes threatens others | _____ |

What are your child's main interests or favorite activities? _____

What brings your child joy? _____

What makes your child upset or sad? _____

How is your child best comforted when upset? _____

How can we best meet your child's behavioral needs? _____

Parent Signature _____

Date _____