



Special Needs Care Form

Date _____ Child's First Name/Last Name _____

Child's DOB _____ Child's Age _____

Child's Siblings (names, ages) _____

Child Information

Name of School _____ Grade _____ Adjusted Grade _____

Address _____

City _____ State _____ ZIP Code _____

Child's Diagnosis _____

Special Concerns _____

Medications _____

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Mother's First Name/Last Name

Father's First Name/Last Name

Mother's Preferred Phone Number

Father's Preferred Phone Number

Mother's Marital Status

Father's Martial Status

Street:

Street:

City/State/Zip:

City/State/Zip:

Mother's Address

Father's Address

Mother's Email

Father's Email

Emergency Contact Info

Emergency Contact 1:

Phone

Email

Relationship to Child

Emergency Contact 2:

Phone

Email

Relationship to Child

Preferred Emergency Contact Directions:

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Special Needs Information

Allergies:

Physical/Mental considerations (e.g., wheelchair, seizures, etc).

Toilets independently?

Follows toileting schedule? Describe schedule if so.

Wears diaper/pull up

Communicates need to toilet

Additional comments on toileting

Eats by mouth independently?

Eats with assistance/prompting?

CANNOT eat the above foods

Communicates need to eat?

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Additional Comments on Diet and Feeding

Communication: Verbal/Nonverbal?

Communicates basic needs/wants by:

Additional comments on communication

Please share any behavior concerns, such as elopement, hitting, mouthing:

Please share how behavior is usually handled at home/school:

Please share any specific triggers that cause negative behavioral reaction:

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When your child is upset, what is the best way to comfort them?

What are your child's favorite indoor activities?

Does your child have special interests/items they enjoy?

What else do we need to know to connect well with your child?

My child is most relaxed when:

My child is uncomfortable with/has an aversion to:

My child is picky about:

My child enjoys music, games, crafts?

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Other information you want us to know about your child/family:

*Special buddies are offered during all Sunday morning services and during Sunday school, but in order to help us ensure there is a buddy available for your child, please indicate your most regularly attendance:

9:30-10:30 Sunday School hour _____ 10:30-12 Worship Hour _____

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