



Special Connections Family Profile
New Family Update Family Profile

Today's Date ____/____/____

Child's Profile

First Name: _____
Last Name: _____
Date of Birth: ____/____/____
Age: _____ Height: _____ Sex: _____
Name of School: _____
Grade: _____



Family Profile

Mother: First Name: _____ Last Name: _____
Address: _____
City: _____ State, Zip: _____
Email: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____

Father: First Name: _____ Last Name: _____
Address: _____
City: _____ State, Zip: _____
Email: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____

Marital Status: Married Separated Divorced Single Widowed

Siblings (Names/Ages): _____



Emergency Contact

If you cannot be reached in case of an emergency, please name two local contacts to whom you authorize Special Connections to release your child.

Contact #1

First Name: _____
Last Name: _____
Home Phone: _____

Contact #2

First Name: _____
Last Name: _____
Home Phone: _____

Special Interest/Activities

My child's favorite activities/interests:

My child is uncomfortable with or has an aversion to:

My child is picky about:

My child enjoys music: Yes No

My child is most relaxed in the following setting

Alone Few Children Many Children

Behavior

Please share any behavior concerns:

Please explain how the behavior is usually handled at home/school:

Please share any specific triggers that cause behavior to occur:

When your child gets upset, he or she will:

The best way to calm your child is:

Please check any tasks with which your child requires help:

- | | | |
|--|-----------------------------------|---------------|
| Remaining on task | Communicating/Making Friends | Reading Aloud |
| Using the bathroom | Staying in the classroom/building | Eating |
| Understanding directions | Small-motor activities | Writing |
| Large-motor activities | Staying calm while at church | Taking Turns |
| Separating from parents | Managing in loud noises | |
| Managing in a large space with many people | | |





Childs Diagnosis

Please provide details of your child's diagnosis of their special needs:

School Connection

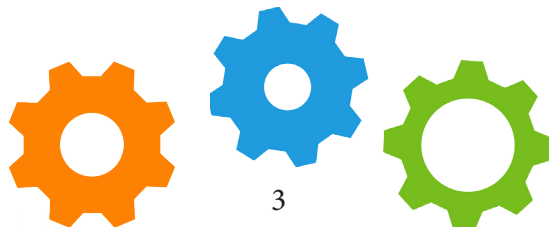
What can we learn from your child's school environment to help them engage at church?

Medication

We will not dispense any medications without written approval.

Special Concerns

Allergies





How can we pray for and encourage your family in your faith?

What do you hope your child will get out of the Special Connections Ministry?

Please indicate below when your child will attend Special Connections

Sunday 9:30am

Sunday 11:00am

Sunday both hours

Wednesday 6:00pm

Special Connections is offered Sunday mornings during the 9:30am and 11:00am services and Wednesday nights during Wednesday Night Life classes. To help us ensure we have the adequate environment for your child, please indicate when you will most regularly attend.

Additional Notes

Is there anything else you would like to tell us about your child or family?

By signing below, I understand that this information will be used by Hunter Street Baptist Church staff and the Special Connections Leaders to provide the safest experience possible for my child while he/she is at Hunter Street programs. This information may be shared with the Special Connections Leaders that work with my child. If you have any further questions, please contact Andy Wilbanks at andyw@hsbc.org

Signature: _____ Date: ____/____/____

