

Special Needs Ministry @ CBC Bulverde

First Name	Last Name	
Date of Birth	Grade in School	Developmental Age

Registration

CONTACT INFORMATION

Parent(s) / Guardian(s)	
Cell Phone number(s)	
Can we text you? Yes _____ No _____	Do you keep your phone on at CBC? Yes _____ No _____
E-Mail	Would you like to receive the AXCESS e-newsletters?

MEDICAL/BEHAVIORAL INFORMATION

Diagnosis, Primary	Diagnosis, Secondary (optional)
Medical Concerns	Seizure Activity
Allergic Reactions	Food Restrictions
Toilet Assistance	Behavioral Issues
Other	

Abusive/Aggressive?	Suggested Response/Action
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COMMUNICATION

Verbal Ability	Phrases/Words
Non-Verbal Ability/Sign Language	Pointing
Communication Board	Other
Comments	

Do you Prefer your Child to be Mainstreamed with a Buddy? Yes _____ No _____
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I understand the AXCESS Ministry is staffed by committed volunteers. The ministry does not provide professional services and relies on information from the family to best meet the needs of the individual. I agree to stay with _____ if AXCESS is unable to meet his/her needs.

Signature _____ Date _____