

# Bethany United Methodist Church

# Ministry of Bridges

*“Loving and serving children with special needs and their families”*

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Best number(s) to reach parent \_\_\_\_\_

Address \_\_\_\_\_

Child's diagnosis \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Toileting needs:                      Diapers?    Y    N                      Potty-trained?    Y    N

Comments: \_\_\_\_\_

Is there anything we need to know about your child to serve him?  
For instance, likes and dislikes, behavior issues, strengths or weaknesses?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_