

"HIS KIDS"
SUNDAY SCHOOL CARE PLAN

NAME: _____ DATE: _____

PERSONAL

Parent/Guardian Name(s): _____

Phone Number: _____

Address: _____

Age: _____ Birth Date: _____ Grade: _____

Any Nicknames: _____

Siblings: _____

Other relatives involved directly in care of child: _____

How long attending Salem Alliance Church: _____

DISABILITY/SPECIAL NEEDS

Name of disability or special need: _____

Description of disability/special need: _____

Assistance needed during Sunday School (i.e. – toileting? reading? translation? emotional support? Please be specific): _____

MEDICAL CONCERNS

Allergies: _____

Medical concerns: _____

Restrictions of activity due to medical issues: _____

When to notify parents (signs and symptoms to watch for): _____

UNDERSTANDING YOUR CHILD BETTER

Hobbies/interests: _____

Suggestions/tips on working with your child’s personality and moods (i.e. – child is very shy around men, or child starts talking loud when nervous, or child comes alive when they get to be a “helper”, etc...): _____

Any other “social history” you’d like to share *such as your child’s school, family situations, etc...): _____

History of disability, if you’d like to share: _____

“WARM WELCOME” SESSION (optional)

Before your child begins the program with a 1:1 helper, we want you and your child to have a chance to meet with a few of the people working directly or indirectly with your child. Then hopefully on Sunday morning, your child will feel comforted by a few familiar faces who are there to support him/her.

This informal meeting will also be a chance for you or the “care team” to ask questions, share concerns, or just develop some contacts. The group will consist of: you, your child, the 1:1 helper, Parent Advocate person, Room Coordinator and Ministry Director. The “care team” will also be able to ask any questions that would help them better care for your child.

If you would like to set up a “warm welcome” session, please check below, and we will contact you. Of course, if you check “no”, you can call and talk to our parent advocate person whenever you have questions or concerns.

Yes _____

No Thanks _____

*If you already have or would like to write your own “care plan” for us, you are welcome to do that.