

Fellowship Bible Church
Matthea Ministry Information Sheet

Date form completed: _____

Child's Name: _____

Birth date: _____

School and Grade: _____

Parents Names: _____

Address: _____

Phone Number: _____

Email: _____

Special Needs Information:

Diagnosis, Precaution, Etc: _____

Communication Used: _____

Food/Drink Allowed at Church: _____

Bathroom Needs: _____

Allergies: _____

Strengths/Special Interests: _____

Special Concerns: _____

May your child go outside to the playground?

YES

NO

Will your child naturally stay in the room or hallway with an adult?

YES

NO

Suggestions of most helpful toys/equipment/activities: _____

Additional information you feel may help us care for your child(ren)?

Thank you for taking the time to complete this form. We look forward to spending time with your child(ren).

Matthea Ministry Leaders