



Diocese of Joliet

Religious Education Office

SPECIAL NEEDS PROGRAM REGISTRATION FORM

(To be filled out by Parent or Guardian)

Parish: _____

Child's Name: _____

Type of disability, if known: _____

Address: _____ State, Zip _____

Phone: (____) _____ Birthday: _____

Mother's Name _____ Mother's Religion _____

Father's Name _____ Father's Religion _____

Brothers/sisters names & ages: _____

General Education Background

School attended _____ Educational Program _____

School district _____ Day Program: _____

Teacher/instructor: _____ Phone (____) _____

Speech Therapy: _____

Social Adjustment

At home: _____

Day program: _____

In neighborhood: _____

Religious Education Background

Sacraments Received:
Baptism _____ When: _____ Where: _____

Confirmation _____ When: _____ Where: _____

Eucharist _____ When: _____ Where: _____

Reconciliation _____ When: _____ Where: _____

Number of years of Religious Education _____

Current Interest In/Exposure to Religious Experiences _____



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SPECIAL NEEDS REGISTRATION FORM

(To be filled out by Parent or Guardian)

Parish: _____

Child's Name: _____ Birthdate: _____ Age: _____

Type of disability, if known: _____

Brothers/sisters names & ages: _____

Names and Types of Pets: _____

Interests and Hobbies: _____

General Education Background

School attended _____ School District _____

Type of Educational Program (i.e. mainstreamed, special education classroom, etc): _____

Religious Education Background

Sacraments Received:

Baptism _____ When: _____ Where: _____

Eucharist _____ When: _____ Where: _____

Reconciliation _____ When: _____ Where: _____

Confirmation _____ When: _____ Where: _____

Number of years of Religious Education _____

Current Interest In/Exposure to Religious Experiences

_____ Church attendance _____ Prayer at home _____ Religious instruction from parents, godparents, others

MEDICAL and PHYSICAL CONSIDERATIONS

Medication (Be specific)

Gross Motor Skills: Poor _____ Fair _____ Good _____ Special Considerations:

Fine Motor Skills: Poor _____ Fair _____ Good _____

_____ Church attendance _____ Prayer at home _____ Religious instruction from parents, godparents, others

MEDICAL and PHYSICAL CONSIDERATIONS

Child's Name

Age

Medication (Be specific)

Gross Motor Skills: Poor _____ Fair _____ Good _____ Special Considerations:

Fine Motor Skills: Poor _____ Fair _____ Good _____

Mobility: No need for assistance _____ Unsteady/needs a friend at his/her side _____

Uses the following: Wheelchair w/no assistance _____ Wheelchair w/some assistance _____
Walker _____ Crutches _____ Cane _____ Other considerations:(explain)

Visually Impaired: Special considerations / list any other devices used to aid child

Hearing Impaired: Special considerations / list any other devices used to aid child

Bathroom Skills:

Independent _____ Needs some assistance _____ Total assistance _____ Catheter _____

Other considerations:

Dismissal Procedures: Child must be accompanied to pick-up location _____ Child will remain in classroom until parent/guardian arrives _____ Other considerations:

Allergies:

Food: No Known food Allergies _____ Parent only will provide snacks for student _____

Allergies to the following: _____ Can only have these snack foods:

Pollens: No known pollen allergies _____ Allergies to these pollens:

Chemicals: No know chemical allergies _____ Allergies to these chemicals:

Animals: No animal allergies _____ Allergies to these animals:

Other significant allergies:

Seizures: No history of seizure disorder _____

Please specify type, and instructions in regard to responding to a seizure:

Other relevant medical needs/information: