

**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*