

Pure Joy
Special Needs Ministry

Participant's Name: _____

Participant's Date of Birth: _____

Parent/Caregiver's Name: _____

Parent/Caregiver's Phone #: _____

Parent/Caregiver's Email: _____

What is your preferred method of communication? Phone Call Text Email

Participant's Diagnosis or Behaviors

Conditions that may trigger behaviors

What makes them feel safe or comforted?

Communication words or tools that may be helpful for us to know:

Assistance is needed for:

Bathroom Eating Other: _____

Medical Conditions (including food allergies) and Current Medications
