



Dear Parent or Guardian,

We are so glad that you are interested in KidzWorld! Your child is special to God and us. In order to serve your family in the best possible way, we require that you fill out the attached application for any child with special needs. This includes children that would require a special class, a 1:1 volunteer in a school or childcare setting, or medical special needs. Please also provide a copy of your child's IEP or 504 plan if available. Once you have turned in your application and accompanying paperwork, our Special Needs staff will contact you to set up a first visit for an observation. This will allow us to appropriately place your child in either the classroom or with a 1:1 in a KidzWorld environment. There are a few things you need to be aware of as you consider bringing your child to KidzWorld:

1. The 1:1 child-volunteer option will be available Saturdays at 4 p.m., Sundays at 9:45 a.m. and 11:30 a.m. based on an application approval and availability of a one-on-one volunteer.
2. We have a staff of trained personnel leading our Special Needs Ministry. The volunteers who work 1:1 with special needs children may or may not have specialized training. We train willing volunteers to work within our ministry and then have a trial period to see if a particular volunteer works well with your child.
3. We cannot guarantee that we will be able to accommodate your child in KidzWorld. Our ability to do that depends on the volunteers who are available and the specific needs of your child.
4. We may ask you to attend a specific weekend service in order for us to best accommodate your child.
5. Each child will be placed by the Special Needs Coordinator based on application approval and observation of specific needs.

Sincerely,  
Mont Yourdon  
Special Needs Coordinator  
mont.yourdon@newspring.org

# KidzWorld & The Wire Special Needs Ministry Registration and Medical Form

Contact: **Mont Yourdon**  
Email: **mont.yourdon@newspring.org**  
Church Office: **316.630.8500**

Applicant must be 8th grade or younger.

**Name of Applicant:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:**  M  F

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If Caretaker, relationship to Applicant: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (Father): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (Mother): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contacts:** (Two people familiar with habits and conditions)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Preferred service time:**  Saturday, 4 p.m.  Sunday, 9:45 a.m.

Sunday, 11:30 a.m. (1:1 on approval only)

Check this box if we **CANNOT** share this information with other ministries at NewSpring Church.

## MEDICAL AND FUNCTIONAL HISTORY

**Applicant's primary disability:** \_\_\_\_\_

**Current medications:**  None Type: \_\_\_\_\_

Medication side effects: \_\_\_\_\_

**Vision:**  Glasses  Contacts Is vision corrected with these aids?  Yes  No

**Seizures:**  None  Controlled  Uncontrolled Frequency: \_\_\_\_\_

If seizures occur, please describe: \_\_\_\_\_

**Respiratory problems:**  None  Bronchitis  Pneumonia  Asthma  Other: \_\_\_\_\_

**Heart problems:**  No  Yes Type: \_\_\_\_\_

Needs one-on-one assistance:  No  Yes Any other medical concern: \_\_\_\_\_

## SPEECH AND COGNITION

**The applicant communicates in the following ways:**

Non-verbal, but vocalizes  Talks in sentences but may be hard to understand

Says words  Talks in sentences and is easy to understand

Uses a communication board  Uses a computer-assisted device

Other: \_\_\_\_\_

**Hearing problems:**  None  Uses a hearing aid  Uses sign language

**Following directions:**

Is unable to follow directions  Follows simple one-step directions

Follows two-step directions  Has no difficulty following directions

Other: \_\_\_\_\_

**Does the applicant read?**  No  Yes If so, what level? \_\_\_\_\_

**Does the applicant write?**  No  Yes If so, what level? \_\_\_\_\_

Applicant's most recent school placement: \_\_\_\_\_

**MOBILITY**

- Walks independently.
- Uses a wheelchair.
- Uses braces or orthotics. If so, what type? \_\_\_\_\_
- Uses a different assistive device. If so, what type? \_\_\_\_\_
- Falls on occasion. If so, under what circumstance? \_\_\_\_\_

List any special positioning needs or mobility issues: \_\_\_\_\_

**NUTRITION**

Food allergies:  No  Yes Type: \_\_\_\_\_

Special food issues:  Liquid diet  Soft diet

Difficulty swallowing?  No  Yes  Food needs to be cut up  Tendency to choke

Other dietary restrictions: \_\_\_\_\_

Food preferences: \_\_\_\_\_

**ACTIVITIES OF DAILY LIVING**

Toileting:  Independent  Wears diapers/pull-ups

Eating:  Feeds self  Requires assistance

**SOCIAL/BEHAVIORAL ISSUES**

- Behavioral tendencies:
- Temper tantrums
  - Running away
  - Yelling
  - Biting
  - Hitting
  - Refuses to follow directions
  - Pushing
  - Aversion to touch
  - Other: \_\_\_\_\_

How do you handle this/these behavior(s)? \_\_\_\_\_

What things or activities does the applicant like? \_\_\_\_\_

What things or activities does the applicant dislike? \_\_\_\_\_

Any special fears? \_\_\_\_\_

Any hobbies or talents? \_\_\_\_\_

We should contact you if: \_\_\_\_\_

Please provide any information you feel is pertinent: \_\_\_\_\_

Church Home:  NewSpring Church  Other church: \_\_\_\_\_  No church home

Person completing this form: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Please sign below giving your consent for emergency medical treatment if we are unable to contact you.

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

12200 East 21st St N  
 Wichita, Kansas 67206  
 316.630.8500  
 newspring.org

