

Unlimited Grace Registration Form

Unlimited Grace is a ministry to families with special needs children and a ministry of Xenia Grace Chapel. Please complete this form and return to Krista Carson, coordinator of Unlimited Grace. Thanks!

Date: _____

Students Name: _____ Date of birth: _____

Parents' names: _____

Parents Address: _____

City/State/Zip: _____

Home phone: _____ Cell phone: _____

Email address: _____

Best time and method to contact you: _____

Contact person(s) while child is in service _____

Does the individual with the disability live at home? _____

If no, please provide address: _____

City/State/Zip: _____

Home phone: _____ Cell phone: _____

Brothers and sisters: (names and ages): _____

Specific type of disability: _____

Communication skills: _____

Reading level: _____ Writing: _____

Student's understanding of God/relationship with Christ: _____

Seizures: _____

Allergies: Food: _____

Drinks: _____

Pets: _____

Pollens: _____

Any special fears: _____

Specific behaviors: _____

Specific diet: _____

Is help needed for personal hygiene? _____

Please add any information on the back of this sheet that will enable us to ensure that your son/daughter is comfortable and enjoys participating in our program. Thank you and God bless!