



INCLUSION AND PARTNERSHIP FORM

To show the love of Christ to people with disabilities and their families so they may know the love of Christ.

Grow and Connect. Your spiritual growth, and that of your children and family, is the heart and soul of The Compass Church. Recognizing that some individuals with special needs benefit from a more personalized approach, we have volunteers ready to work in partnership with you to find the right path for your child. Working hand-in-hand with you as your child's advocate, we will help identify steps for him/her to understand scripture and grow in his/her personal relationship with Jesus.

The first step is for you to complete this form so that we can begin the journey together. It will help us choose the best path for your child and how best to communicate to him/her the joy of knowing God. Once submitted, we will schedule a call or meeting with you and your child. Please contact the Special Needs Ministry Coordinator at your campus with any information you would like to keep private.

Above all else, know that you and your family are welcome here at The Compass Church!

CHILD/REN INFORMATION

Participant Name 1 _____ Date of Birth _____

Participant Name 2 _____ Date of Birth _____

Participant Name 3 _____ Date of Birth _____

Participant Name 4 _____ Date of Birth _____

Parent/Guardian Name (if you are neither, please explain the relationship to the child) _____

Phone _____ Alt. Phone _____ Email _____

With whom does the child reside? (both parents; one parent; other) _____

**Currently, we have a full inclusion program where your child will be placed with a Special Buddy. Our Special Buddies are trained to be a one-on-one assistant to your child while he or she is fully integrated in his or her CompassKids class. The information provided is considered confidential and will be shared with only those caring for your child or on a need-to-know basis.*

Please answer the following questions as completely as possible. Feel free to continue on the back side if additional space is required.

1. Explain your child's diagnosis, medical condition or learning differences.

2. Is there a medical issue we should watch for? (i.e., seizure disorder, allergies or chemical sensitivities)

3. How does your child communicate?

Speech: ___Words ___Phrases ___Sentences ___ Babbles ___Gestures
 ___Sign Language ___Other (describe)

Language(s) spoken at home: _____

Understanding what others say: ___All the time ___Most of the time ___Some of the time
 ___Recognizes voices of family members

4. How can we best communicate with your child?

5. What would you like your child to learn about God, Jesus and the Bible during his/her time in CompassKids?

Does he/she understand the concept of God?	Y	N
Is he/she familiar with any Bible stories?	Y	N
Has he/she attended Sunday School before?	Y	N

6. Does your child have a strong interest in something that might help us in bringing the Bible to life for him/her?

7. Describe things your child can do independently.

8. With what activities does your child need assistance? Eating? Going to the bathroom?

9. Are there things that your child has difficulty with or dislikes that we should be aware of? Are there situations that will undoubtedly trigger a negative response?

10. When is your child most relaxed? *(please circle best answer and add comments as needed)*

When Alone _____

With a Few Children _____

Among Many Children _____

With a Teacher or Special Buddy _____

11. Would your child enjoy music and singing with the entire class? Y N

12. Should your child become agitated or frustrated, what best calms him/her? _____

13. What is one of your child's best traits?

Please list siblings of child who will also be attending CompassKids

LIST OF SIBLINGS

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Please feel free to share any additional information that you think would be beneficial to us in serving you and your family.

EMERGENCY CONTACTS (other than doctor)

IN CASE OF AN EMERGENCY, THE FOLLOWING PERSONS MAY BE CALLED AND ARE AUTHORIZED TO PICK UP MY CHILD: (At least one contact must be provided. Positive identification must be provided before your child will be released.)

CONTACT INFORMATION

Name _____ Cell Phone _____ Home Phone _____

Address _____ Driver's License _____

Relationship _____

PERMISSION/AUTHORIZATION AGREEMENT: PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INITIAL IN THE DESIGNATED SPACE INDICATING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE PROVISIONS.

_____ I have fully disclosed to The Compass Church all pertinent facts about my child's special needs and accept full responsibility for missing information.

_____ I will supply special food, drinks, snacks, and diapers/wipes for my child as necessary.

_____ I will remain on The Compass Church Campus during the time my child is participating in any ministry event/program.

_____ I understand the nature of the program and do hereby release The Compass Church and its representatives from any liability due to accident or injury incurred by my child.

_____ I authorize The Compass Church to publish photos of my child (without his/her name on the church website and brochures for promotional purposes only.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each:

Signature (Parent or Guardian) _____ **Date** _____

Thank you for taking the time to share with us this important profile of your child. Again, please know we will respect your privacy. Our goal is to be of service.

Would you like someone from the Special Needs Ministry to contact you? Y N

Contacts for the Special Needs Coordinators at our campuses:
Bolingbrook Campus - specialneedsbolingbrook@thecompass.net
Naperville Campus - specialneedsnaperville@thecompass.net
South Naperville Campus - specialneedssn@thecompass.net
Wheaton Campus - specialneedswheaton@thecompass.net