



Child and Family Registration Form

Thank you for taking the time to register your child for the Sunnybrook Church SMILE Program. We are excited to walk with you and your child as his/her faith grows. The information gathered from this form will be used to help us best engage and serve your child in Family Ministry. Any information provided will be confidential and shared only as necessary for volunteers assigned to your child.

Child Information

Name: _____

DOB: _____

School Attending: _____

Grade: _____

Family Information

Parent/Guardian: _____

Phone: _____

Parent/Guardian: _____

Phone: _____

Siblings (Names and ages): _____

Tell us about your child's strengths and gifts. (Go ahead, brag!)

Please list your child's interests and activities they enjoy or are involved in. (This helps us form relationships.)

Will your child bring a favorite item or toy to carry with them? If so, please describe.

Please share any health and medical needs that would allow us to best support your child and keep him/her safe. (ie. diagnosis, medical condition, disability, learning differences, or allergies)

Please mark any tasks your child may need assistance with:

- | | | |
|---|---|---|
| <input type="checkbox"/> Remaining on task | <input type="checkbox"/> Making friends | <input type="checkbox"/> Reading aloud |
| <input type="checkbox"/> Using the bathroom | <input type="checkbox"/> Staying in the classroom | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Understanding directions | <input type="checkbox"/> Small-motor activities | <input type="checkbox"/> Large-motor activities |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Staying calm | <input type="checkbox"/> Taking turns |
| <input type="checkbox"/> Separating from parents | <input type="checkbox"/> Managing in large groups | <input type="checkbox"/> Handling loud noises |

Help us understand the above needs by completing the phrases below that apply to your child.

When my child gets upset, he/she will...

The best way to calm my child is...

If my child needs the restroom, he/she will communicate by...

My child needs some prompting to maintain attention or take turns. The best things to do are...

I know my child needs a break when...

Other information you think would be helpful for us to know is...

A Growing Partnership

What do you want your child to get out of SMILE? Basecamp? Wired/Branch?

How can we partner with you and your family to work together as your child grows in Christ?

Which service will you primarily attend? Please mark all that apply.

Sunday ___ 8 am ___ 9:30 am ___ 11 am *Wednesday* ___ Wired ___ Branch

The Smile Coordinator will work with the Basecamp team to assign a buddy to participate with your child.

Church Use Only: Buddy Assignment: _____