



### **Family Information**

Caregiver's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Caregiver's Email: \_\_\_\_\_

Caregiver's Cell Number 1: \_\_\_\_\_ Cell Number 2: \_\_\_\_\_

Caregiver's Sunday School Community: \_\_\_\_\_

List all family members in the home: (siblings, step-parents, etc.)

Which person in your family is impacted by disability? What is the disability?

How do they communicate?

How do they exhibit joy?

What are their strengths?

What activities do they enjoy?

How do they show frustration?

Do they ever exhibit aggressive behavior toward themselves or others? If so, please explain:

Does your child receive a form of accommodations in classroom settings?

List any known allergies:

Are there any other needs of which you would like us to be aware? (physical, social, emotional, spiritual, etc.)

Please write additional information below. We may follow up with you for an interview or you may request one. Thank you for providing this information. Please return this form to Katie Flores, Director of Enfold Disability Ministry (kflores@covpres.com; 65 Old Montgomery Hwy, Homewood AL 35209).