

Registration Form
from the Archdiocese of Cincinnati

Name _____

Address _____ Zip _____

Phone _____ Child's age _____

School attended _____ Educational program _____

School district _____ Child's disability _____

Mother's name _____ Mother's religion _____

Father's name _____ Father's religion _____

Registered at _____

Previous religious training _____

Sacraments Received:

Baptism Yes ___ No ___ Church _____

Eucharist Yes ___ No ___ Church _____

Reconciliation Yes ___ No ___ Church _____

Confirmation Yes ___ No ___ Church _____

Method of Communication: (Check all that apply)

Speech understandable _____

Speech difficult to understand..... _____

Signs _____

Uses communication board..... _____

Uses communication book or pictures..... _____

Non-verbal but makes needs known..... _____

Non-verbal; does not make needs known..... _____

Other _____

Medical Considerations:

Seizures..... _____

Motor difficulties..... _____

Food allergies..... _____

Special diet..... _____

Any other..... _____

Bathroom Skills:

Independent_____

Needs some assistance..... _____

Total assistance..... _____

Catheter..... _____

Educational Skills:

Approximate developmental functioning level_____

Please list some acquired skills, e.g. reads by sight words_____

Please answer these statements to give the teachers a better understanding about your child. Additional space is provided for other comments or suggestions.

1. My child is best at_____

2. My child needs the most help with _____

3. My child most enjoys _____

4. My child least enjoys_____

5. When I play or work with my child we usually _____

6. Ways I have tried to help my child with behavior or school work that have worked are _____

7. Ways that did not work are _____

8. Special concerns I have _____

9. What I expect him or her to learn in this case _____

10. Suggestions I have _____

Other comments _____

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