



SAINT BRIGID ROMAN CATHOLIC CHURCH  
3400 OLD ALABAMA ROAD, JOHNS CREEK, GA 30022

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## REGISTRATION FORM 2022 - 23

### LTE: SPECIAL NEEDS YOUTH GROUP \$125 Registration fee

**FAMILY NAME:** \_\_\_\_\_ **ENVELOPE #:** \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

REQUIRED- PLEASE UPDATE

**Father's Full Name:** \_\_\_\_\_ **Father's Cell:** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_ **Mother's Cell:** \_\_\_\_\_

### STUDENT INFORMATION:

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Goes by:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**2022/23 Grade Level:** \_\_\_\_\_ **School Student Attends in 2022/23:** \_\_\_\_\_

<b>Sacraments Received:</b>	<b>Baptism</b>		<b>First Communion</b>		<b>Reconciliation</b>		<b>Confirmation</b>	
<i>Circle:</i>	Yes	No	Yes	No	Yes	No	Yes	No

**Child's primary diagnosis and/or health concerns we should be aware of:** \_\_\_\_\_

### CARE NEEDS:

**VISION:**    \_\_\_ Typical    \_\_\_ Impaired    \_\_\_ Blind  
**HEARING:**    \_\_\_ Typical    \_\_\_ Impaired    \_\_\_ Deaf    \_\_\_ Hearing Aid  
**MOTOR:**    \_\_\_ Head control    \_\_\_ Rolls over    \_\_\_ Sits    \_\_\_ Crawls    \_\_\_ Walks  
**USES:**    \_\_\_ Walker    \_\_\_ Crutches    \_\_\_ Braces    \_\_\_ Wheelchair

Please describe any special positioning or other needs your child may have: \_\_\_\_\_

### CAN COMMUNICATE WITH OTHERS USING:

**Speech:** \_\_\_ Words \_\_\_ Phrases \_\_\_ Sentences \_\_\_ Babbles \_\_\_ Gestures \_\_\_ Sign Language

\_\_\_ Other (describe): \_\_\_\_\_

**Language spoken at home:** \_\_\_\_\_

**CAN UNDERSTAND WHAT OTHERS SAY:** \_\_\_ All the time \_\_\_ Most of the time \_\_\_ Some of the time

\_\_\_ Recognizes voices of family members.

### TOILETING SKILLS:

\_\_\_ Toilets independently    \_\_\_ Diapers: \_\_\_ Cloth \_\_\_ Disposable

\_\_\_ Currently being potty trained    \_\_\_ Potty trained, needs assistance

**Frequency/Schedule:** \_\_\_\_\_

**How does your child indicate a need to use the toilet?** \_\_\_\_\_

**Indicate special toileting needs/schedule:** \_\_\_\_\_

**EATING HABITS:**

Feeds self by using:  spoon  fork  hands  Requires feeding  Bottle fed  
Drinks from cup:  with assistance  by self

Special Diet: \_\_\_\_\_

If your child is difficult to feed, please describe any special assistance or adaptive utensils required for eating: \_\_\_\_\_

**ALLERGIES:** (Drugs, Food, Other) \_\_\_\_\_

**BEHAVIOR:** (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Shy                                      | <input type="checkbox"/> Outgoing        | <input type="checkbox"/> Is sometimes destructive                    |
| <input type="checkbox"/> Plays alone                              | <input type="checkbox"/> Plays in groups | <input type="checkbox"/> Sometimes threatens others                  |
| <input type="checkbox"/> Adapts to new situations well            |  | <input type="checkbox"/> Sometimes hits, bites, or hurts self/others |
| <input type="checkbox"/> Adapts to new situations with difficulty |  | <input type="checkbox"/> Sometimes attempts to run away              |
| <input type="checkbox"/> Responds to correction well              |  | <input type="checkbox"/> Hyperactive and/or ADD                      |
| <input type="checkbox"/> Responds to correction with difficulty   |  |  |

My child responds to separation from his/her parents by: \_\_\_\_\_

My child is best comforted by: \_\_\_\_\_

My child lets someone know what he/she wants or needs by: \_\_\_\_\_

My child becomes upset when/or does not enjoy: \_\_\_\_\_

How can we redirect inappropriate behavior? \_\_\_\_\_

These are a few of my child's favorite things: \_\_\_\_\_



You didn't ask, but I want you to know this, too: \_\_\_\_\_



LTE: SPECIAL NEEDS YOUTH GROUP



CATHOLIC ARCHDIOCESE OF ATLANTA
Saint Brigid Catholic Church
Annual Medical Release

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home phone #: \_\_\_\_\_

Participant's Social Security Number: \_\_\_\_\_ (Required for treatment in most Hospitals.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_

Relation to participant \_\_\_\_\_

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relation to participant \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian's full name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mother/Guardian's full name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

Phone #: \_\_\_\_\_

(Both sides need to be complete and signed)

Name of Participant \_\_\_\_\_

Medications: My child is taking the following medication(s):

Description \_\_\_\_\_ Dosage \_\_\_\_\_

Description \_\_\_\_\_ Dosage \_\_\_\_\_

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies \_\_\_\_\_

Other allergies / reactions (food, plants, insects, etc.) \_\_\_\_\_

List any other health problems / limitations that we need to be aware of \_\_\_\_\_

*This Medical Release is good for the period of one year; beginning May 1, 2022 and ending May 1, 2023.*

**Photo Release**

- ◆ I understand that promotional pictures (individual or group) will be taken at Life Teen/Edge Special Needs events. I give permission for my teen's pictures to be used for promotional materials (permission slips, newsletter, webpage, calendars, parish bulletin, social media, etc.) highlighting the event.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_