

Individuals with disabilities or special needs and siblings will be able to participate in activities of their choosing. They may opt to participate in a few activities or stay in a particular activity, as they are comfortable. Activities may include:

- Art Therapy
- Music Therapy
- Occupational Therapy
- Play Therapy
- Large Motor
- Crafts
- Games

In addition to the activities listed above, we will also have a Quiet Area for persons to visit if they need some quiet time and space. We will also have Therapy Dogs who will be in attendance. Snacks and beverages will be available throughout the day.

Do any of your children have allergies to or are they uncomfortable with dogs? <input type="checkbox"/> Allergy <input type="checkbox"/> Uncomfortable Other environmental allergies (please list names & allergies):
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To help the children participate in activities and safely move from activity to activity, we would like each child to have a **Faith Buddy** during the event. While we have some good people recruited to be Faith Buddies, your child may bring a special person – other than a sibling – who will be with your child that day.

Selected Faith Buddy Name	<input type="checkbox"/> Adult <input type="checkbox"/> Minor**
Faith Buddy's Email	Faith Buddy's Phone

****If your child's selected faith buddy is under 18 years of age, please provide the person's parent's contact information.**

Faith Buddy's Parent's Name	
Parent's Email	Parent's Phone

Level of Assistances preferred: <input type="checkbox"/> Low (Escort) <input type="checkbox"/> Medium (Encourage participation) <input type="checkbox"/> Severe (Trained professional)
What physical, social, emotional, behavioral accommodations might your child/adult need?

Will your child need medical assistance throughout the day? Yes No

Medical Assistance Needed:

Will your family stay for Mass? Yes No If yes, indicate if your family would like to participate in the following ministries:

Ministry	Yes	No	Maybe
Greeters			
Ushers			
Presentation of the Gifts			

Will your family stay for pizza dinner? Yes No

List any dietary restrictions/accommodations for your family members, including food allergies

PHOTO RELEASE

I understand that through their participation in this program, my child(ren) listed on this registration may be photographed for use in promotion of diocesan programs.

As parent/legal guardian, I DO GIVE DO NOT GIVE permission for my child(ren) photographed during this program.

Parent Signature

Date

Is there anything else that you would like us to know about your child(ren)/family?

***If your child has a favorite transition object, please bring it.
We will have some transition objects available on-site.***



If you have questions or for more information, please contact
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or
Sr. Barbara Cline, bccline@dioceseofgrandrapids.org,