

JDW Faith Formation Program Medical and Special Needs Information

Child's Name _____ Parents _____

Address _____ Home Phone _____

Father Cell # _____ Work # _____

Mother Cell # _____ Work # _____

Medical Concerns:

Allergies: _____

Medications: _____

Helpful Information:

Academic/Behavioral Concerns:

Does your child have an IEP/504 at school? Yes or no. If so, which one? _____

Please share any information that will help us to help your child succeed and grow in this program, including the child's strengths and needs which will affect his/her involvement and progress.

May we share this information with Karen Burns, Father John, and the child's FFN teachers? _____

We encourage an in-person discussion with our special needs volunteer liaison, to review this information and formulate a plan that will be most optimal for your child. Would you like to do this? _____

Would you like to assist with special needs in the Faith Formation program? _____
If yes, in what manner could you help?

(Parent/Guardian Signature)

(Date