

**Please note: In order to attend the Faith & Light Retreat, we must have information on file for ALL participants. Please copy as needed and submit individual forms for each participant.
(Not necessary for parents/caregivers) PLEASE SEE NEW MAILING INSTRUCTIONS!!!
Thank You!**

2019 FAITH AND LIGHT RETREAT REGISTRATION

(Participants Information)

NAME: _____
Last First Nickname

ADDRESS: _____
Street City State Zip

DATE OF BIRTH: _____ **HOME PHONE:** _____
mo/day/year

E-MAIL ADDRESS: _____

EMERGENCY PHONE NUMBER: _____ **NAME:** _____

RELATIONSHIP TO PARTICIPANT: _____

Other Children in home: Boys: _____ Girls: _____ Ages: _____

School or Workshop Program: _____

What Group Experience has your child had, such as scouts, etc.? _____

What are your child's interests/hobbies? _____

Are there any special awards or achievements your child has received or been recognized for or any special moments in the family or their surroundings you would like to share with us?

SOCIAL SKILLS

Is your child inclined to be outgoing? Yes ___ No ___ Shy & Timid Yes ___ No ___

Does your child follow directions? Yes ___ No ___

Please tell us anything else about your child and his/her life at home that you think would help us in making him/her feel at ease and in helping him/her to have fun.

**PLEASE COMPLETE REVERSE SIDE OF REGISTRATION FORM AND MAIL TO:
ELIZABETH R. HALLER
FAITH AND LIGHT
6152 STATE STREET NE, LOUISVILLE, OH N 44641-8374.
THANK YOU!**

MOBILITY

What physical disability does your child have? _____

| | | |
|---|---------------------------|----|
| | (Please circle Yes or No) | |
| Can you child walk? | YES | NO |
| Does he/she need assistance? | YES | NO |
| Uses crutches? | YES | NO |
| Use a walker? | YES | NO |
| Does he/she use mechanical aids? | YES | NO |
| Does he/she use a wheel chair? | YES | NO |
| If yes, Electric _____ Manual _____ | | |
| Does he/she wear a helmet for protection against falls? | YES | NO |

COMMUNICATION SKILLS

| | | |
|--------------------------------|-----|----|
| Is your child verbal? | YES | NO |
| Does he/she use sign language? | YES | NO |

SELF HELP SKILLS

| | | |
|-----------------------------|-----|----|
| Need assistance dressing? | YES | NO |
| Can he/she feed themselves? | YES | NO |

On the lines below, please list any precautions you wish your son or daughter to observe.

Describe any behavior problems (I.e. Biting, Screaming, Hitting, Non-Compliance, etc.)

List and describe any adaptive equipment that will be used: _____

Number of immediate family members attending retreat: _____

(Names, ages and T-shirt sizes - Please complete)

_____ Date

_____ Signature of parent or guardian

OFFICE USE ONLY

Date registration received _____

Number of family members attending _____ Parents _____

Rooms assigned _____

Deposit Received _____

Team member assigned to participant:

