



**Child/Family
Orientation Packet**



Dear Parent(s)/Guardian(s),

Are you new to Calvary or returning and interested in registering your child (ages 0 – 18) to be part of the PossAbilities Ministry? If so, please review the attached packet of information and complete all applicable forms.

At minimum, every child must have the following forms on file with Calvary's Children's Ministry Office:

- ❖ Individualized Worship Plan
- ❖ Parent Questionnaire
- ❖ Activity Medical Agreement

You will be asked to update these forms on an annual basis, as needed.

Once the forms are returned to Children's Ministry Director, Sheri Jager, please allow two (2) weeks to three (3) weeks for the paperwork to be reviewed and a Buddy to be assigned to your child.

In the meantime, please feel free to contact children@calvaryop.org with any questions.

We look forward to working with you and your child!

The PossAbilities Committee



Ministry Mission, Vision & Core Values

Mission: Our mission is to disciple, love and encourage individuals with special needs and their families, while helping them to grow as a valued part of the church body.

Vision: To equip all people to be Disciples of Christ.

Core Values:

- ❖ We all are God's workmanship (Ephesians 2:10a)
- ❖ All Christ followers have a purpose in the body of Christ (1 Corinthians 12)
- ❖ It is God who equips us all to do the works He prepared for us in Christ (Hebrews 13:21; Ephesians 2:10b)
- ❖ "God created man in his own image; in the image of God he created him, male and female he created them." (Genesis 1:27)

Volunteer Job Description

- ❖ Minimal age for serving is 14 years old
- ❖ For all volunteers between the ages of 14 and 18
 - You must work with an individual of the same age or younger
 - You must fill out a volunteer application with parent signature
 - You must go through the Possibilities Training which includes receiving a copy of the Possibilities Handbook
- ❖ For all volunteers over the age of 18
 - You must fill out a volunteer application that includes a background check
 - You must go through the Possibilities Training which includes receiving a copy of the Possibilities Handbook

Tiny Town or Loft Classroom Support "Buddy"

- ❖ Commitment: 1x per month
- ❖ When: Sunday service
- ❖ What: Spend an hour working one-on-one with a special needs child, age 0-18, assisting them with hands-on activities (i.e. crafts, movement exercises), Bible lesson, prayer and/or singing worship songs.



**Calvary Church
PossAbilities Ministry
Individualized Worship Plan**

Today's Date: _____

Child's Name _____

Date of Birth: _____ Age _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Mother: _____ Father: _____

Who Does Child Reside With? _____

Is Your Child On Medication? _____ If So, Please List _____

Siblings	At Home?	Age
_____	Yes No	_____
_____	Yes No	_____
_____	Yes No	_____

What Medical Diagnosis Has Been Made Regarding Your Child's Special Needs?



Starting in the Spring of 2021, Loft children (K-5th grade) will sit with their families during praise and worship and then go upstairs for a lesson.

My child will succeed best by:

- Sitting with my family during praise and worship.
- Sitting with a PossAbilities buddy during praise and worship.
- Going upstairs for the entire service and not participating downstairs in praise and worship.

My Child Would Succeed Best in a Sunday School Program by:

- Being inclusive in the Sunday school program with a teen or adult buddy.
- Being in a self-contained classroom with other VIP kids
- Being inclusive in the Sunday school program without a buddy.

Child's Strengths: _____

Check Any Applicable Information that Might Be Helpful For Volunteers To Best Minister To Your Child.

- Short Attention Span / Easily Distracted
- Allergies
Please List: _____

- Temper Tantrums
- Difficulty with Transitions
- Aggressive Behavior
- Difficulty with Changes in Routine
- Shyness
- Difficulty Following Directions
- Difficulty with Fine Motor (cutting, pasting, writing)
- Special Bathroom Needs (please explain):

- Difficulty Completing Activities
- Needs Visual Presentations
- Cannot Read
- Difficulty Sitting in a Group
- Issues With Separation Anxiety
- Tends to Run (leaves classroom without permission)
- Tends to be Possessive



Preferred/Enjoyed Activities and/or Materials:

Helpful suggestions about your child (for example, "redirect my child by," "he/she responds best by," "he/she does/does not like"...)

How Does Your Child Communicate Best?

_____ Sign Language _____ Verbal speech may be hard to understand

_____ Sign Board/Pictures _____ Verbal speech is understandable

Additional Comments/Helpful Suggestions:

Is there other adaptive equipment that your child will need in the classroom to help him/her best succeed?

Spiritual IWP Goals that you would like to see for your child:

- _____ Concept of God, Jesus, Church, Heaven
- _____ Able to repeat that Jesus loves him/her
- _____ Able to retell steps of Bible Story
- _____ Able to answer questions from Bible Story
- _____ Other _____



Is there a behavior plan in place for your child at home or school? _____
(If yes, please fill out a “Behavior Plan” form or provide a copy of your
child’s current behavior plan.)

Parent/Guardian Signature

Date



Behavior Management Plan

Child's Name: _____ Date: _____

Parent(s)/Guardian(s): _____

Targeted Behavior(s) with descriptions (what do the behaviors look like?):

Antecedents/Triggers (what causes the behavior(s)? What are the warning signs?):

Replacement Behavior(s) (what behaviors would we like to see instead?):

Proactive Strategies to get there (i.e. rewards/incentives, scheduled breaks, timer, etc.):

Plan for Reacting to the Targeted Behavior(s) (i.e. ignore, remove from area, distract, etc.):

Additional comments/concerns/requests:

Parent/Guardian Signature: _____ Date: _____

Parent Questionnaire for Children with Special Considerations:

Our church cares for each participant in children's ministry programming. These questions are asked for the benefit of your child and so that we may provide the best experience and safest environment for everyone involved. Our church and our children's ministry workers respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your child and only on a "need to know" basis. Please answer the below questions that apply to your child and that may help our church best minister to your child.

- My child has the following diagnosis, medical condition or learning difference:
- My child has the following allergies and/or food sensitivities:
- My child's allergies can be life threatening (circle) **Yes/No** and require the use of an EpiPen **Yes/No**
- My child's main mode of functional communication is:
- My child processes instruction or information best when: (e.g. visual, auditory, experiential, drama).
- My child currently receives therapies and special instruction in:
- My child has an Individualized Education Plan **Yes/No**
- If answered "yes", please describe child's IEP:
- The goals I have for my child's development this coming year include (behavioral, social, academic, etc):
- My child has the following area(s) of interest:
- My child can do these things independently:
- My child needs assistance with:
- My child is uncomfortable with or has an aversion to:
- A trigger-point for a potential meltdown is when:
- When/if my child experiences a melt-down he/she calms when we:
- Doing/seeing/experiencing this one thing is an important part of my child's routine:
- My child (circle one) **does/does not** enjoy music
- My child seems most relaxed in settings (circle one) **alone, with a few children, among many children**
- My child (circle one) **would/would not** enjoy a large group worship experience
- My child is really picky about:
- My child may be trying to communicate their need for (describe) _____ when he/she exhibits the following behavior:
- My child is prone to seizures (circle one) **Yes/No** If yes, tell what prompts the seizure and how we can prevent/respond:
- My child's behavior may indicate a medical problem requiring immediate attention when:

Activity Medical Agreement

Activity Information (To be completed by the activity sponsor)

Name of sponsoring organization: Calvary Church

Address: 16100 104th Ave Orland Park, IL

Telephone: 708 4292200

Name of sponsor's coordinator: KidsLife Director, Sheri Jager

Description of activity: PossAbilities Buddy Program

Date(s) and location of activity: Sunday Service

Participant Information (To be completed by participant or authorized guardian)

Name of participant:

Name of parents/guardians:

Address:

Telephone:

Name of emergency contact:

Telephone of emergency contact (Day):

Telephone of emergency contact (evening):

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant or otherwise, except to the extent that such injuries result from the Activity Sponsors recklessness or willful misconduct.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration

Association.

Signature: _____ Date: _____

Signature: _____ Date: _____



Seizure Action Plan

Effective Date _____

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	
Significant Medical History		

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Student's response after a seizure: _____

Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure? Yes No

If YES, describe process for returning student to classroom: _____

Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

Emergency Response

A "seizure emergency" for this student is defined as:

Seizure Emergency Protocol

(Check all that apply and clarify below)

- Contact school nurse at _____
- Call 911 for transport to _____
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other _____

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator? Yes No If YES, describe magnet use: _____

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____