



1. ADULT/PARENT INFORMATION

FULL NAME(S): _____

PRIMARY PHONE NUMBER: _____ DATE: _____

EMAIL ADDRESS: _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

I ATTEND ANOTHER CHURCH: YES | NO FIRST VISIT TO CARMEL: YES | NO

2. OPTIONAL INFO

CELL NUMBER: _____ WORK: _____

ADD'L EMAIL: _____

3. FOLLOW UP

I'D LIKE SOMEONE TO FOLLOW UP WITH ME I'M NEW TO CHARLOTTE

I'D LIKE INFO (CIRCLE): BEING A CHRISTIAN | MEMBERSHIP | BAPTISM | EVENTS

I WANT TO CONNECT: DISCIPLESHIP COMMUNITIES | A PASTOR | SERVING OPPORTUNITIES
ANY PRAYER REQUESTS OR QUESTIONS?



VISIT THE PORCH TO TALK TO SOMEONE ABOUT CONNECTING TO CARMEL.



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Section 1 first!



4. CHILD INFORMATION

CHILD NAME: _____ Age: _____

FIRST VISIT: YES | NO **HOUR:** 9:30 | 11:00 **GENDER:** MALE | FEMALE **WHEELCHAIR:** YES | NO

TYPE OF DISABILITY _____

SCHOOL: _____

MOST FREQUENTLY USED METHOD OF COMMUNICATION (VERBALIZATIONS, VOCALIZATIONS, EYE GAZE,

GESTURES, FACIAL EXPRESSIONS, SIGN LANGUAGE, ETC.) _____

DIETARY NEEDS: _____

ACCEPTABLE FOODS/LIQUIDS THAT MAY BE CONSUMED: _____

BEHAVIORAL CONCERNS (CHALLENGING BEHAVIORS, FEARS): _____

PHYSICAL NEEDS (POSITIONING, HEARING/VISION, ETC) _____

MEDICAL CONDITIONS (SEIZURES, ASTHMA, DIABETES, ETC): _____

TOILET NEED: _____

FAVORITE ACTIVITIES: _____

OTHER INFORMATION: _____

5. SIBLING INFORMATION

SIBLING NAME: _____ GRADE: _____

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ALLERGIES/HEALTH CONCERNS: _____



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