

# 2010 THSC State Convention and Family Conference

July 30-31, 2010 ~ The Woodlands, Texas

## Special Buddies Program Registration Form

The Special Buddies Program is available to children up to age 18 on a case-by-case basis and while space lasts. Texas' Special Kids reserves the right to recommend other options, possibly including CMT, if a child does not fall within the parameters of the Special Buddies program.

For security purposes and because of the personalized care offered through the Special Buddies Program, please email a recent picture of your child to [thscspecialbuddies@gmail.com](mailto:thscspecialbuddies@gmail.com). In the subject field, please put "SBP 2010" followed by your child's last name.

### General Information

Child's Name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (chronological) \_\_\_\_\_ Age (developmental) \_\_\_\_\_

Special Needs \_\_\_\_\_

T-shirt size     Child Size       Adult Size  
 Extra Small     Small       Medium       Large       Extra Large

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ \*Cell Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

\*\*Email \_\_\_\_\_

*\*Required for conference*

*\*\*Required. Pre-registration confirmations will be sent via e-mail.*

### Please answer the following questions as thoroughly as possible.

Can you describe your child's special need? If so, what is it? Feel free to include your own conclusions.

\_\_\_\_\_  
\_\_\_\_\_

- Medically Fragile ~ Mobility impaired - Can't defend themselves against a thrown ball
- Active and Mobile ~ Medical diagnosis (e.g. AU, DS, ED, RAD, Bipolar, DSI)
- Seizure Disorders ~ Placement will be determined on an individual basis. Life-threatening seizures will be considered Medically Fragile.

#### My child best responds to:

Males     Females     Other Children (M / F)

#### My child's normal disposition is:

Happy     Cheerful     Pleasant     Calm  
 Uneasy     Unhappy/Frustrated     Upset/Agitated

**My child's favorite toy or activity is** \_\_\_\_\_

**My child really doesn't like to** \_\_\_\_\_

**My child likes:** (Y for yes / N for no)

\_\_\_ Action Figures \_\_\_ Arts & Crafts \_\_\_ Balls \_\_\_ Blocks \_\_\_ Board Games \_\_\_ Books  
\_\_\_ Cars \_\_\_ Coloring \_\_\_ Dolls \_\_\_ Legos \_\_\_ Music \_\_\_ Noisy Toys/Rattles \_\_\_ Playing House  
\_\_\_ Push-Button Toys \_\_\_ Swinging \_\_\_ Vibrating Toys \_\_\_ Videos \_\_\_ Video Games

Other: \_\_\_\_\_

**My child likes:** (Y for yes / N for no)

\_\_\_ Hugs \_\_\_ Laughing \_\_\_ Lively Activities \_\_\_ Loud Noises \_\_\_ Outdoor Activities  
\_\_\_ Quiet Times \_\_\_ Rocking \_\_\_ Singing \_\_\_ Story time \_\_\_ Talking

**Behavior issues:**

Meltdowns  Problems with Transition

**When my child is unhappy, the following things might calm him or her:**

\_\_\_\_\_  
\_\_\_\_\_

**Method of communication:**

Speech (clear)  Speech (difficult for strangers to understand)  Sign Language  
 Picture Communication System  Other: \_\_\_\_\_

**Social Behaviors:**

Does your child have any socially inappropriate behaviors? If yes, please describe.

\_\_\_\_\_

What specific words or hand signals do you use to redirect your child?

\_\_\_\_\_  
\_\_\_\_\_

**Special feeding issues:** (*\*Parents bring necessary supplies*)

**\*NOTHING with PEANUT INGREDIENTS is permitted.**

Drinks from bottle  Drinks from cup  Drinks with straw  Tube-fed  
 Must be spoon-fed  Needs help feeding self  Supervised snacks  Feeds self independently  
 Gagging/Choking issues  Food allergies (gluten free, etc.) \_\_\_\_\_

**Toileting:** (*Parents bring necessary supplies*)

Wears diapers  Toilet training  Needs supervision or help  Independent

**Mobility:**

IS YOUR CHILD A RUNNER?  YES  NO

Wheelchair  Needs special support  Crawls  Sits alone  Stands alone  Walks independently

Other: \_\_\_\_\_

**Medical:**

Does your child have seizures? \_\_\_\_\_

Are they life-threatening? \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Is there anything else that would be useful for someone who cares for your child to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have any questions, please do not hesitate to contact me!**

**Blessings,**

**Leslie A. Stevens, Texas' Special Kids**

**THSC Special Buddies Program Director**

**thscspecialbuddies@gmail.com**

**Payment - \$30/child (thru May 28; \$35/child after May 28)**

Check/Money Order  Visa  MasterCard  AmEx  Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \*\*\*V-Code \_\_\_\_\_

Signature \_\_\_\_\_

**By submitting this registration form, I agree I understand photographs/videos of the Convention and its attendees will be taken and pictures of me and/or my family may be used for publicity, advertising, and promotional purposes.**

\*\*\*Last three digits on signature line on back of MasterCard or Visa

**Complete this form and mail by July 30, 2009, to  
Texas Home School Coalition  
P.O. Box 6747, Lubbock, Texas 79493,  
or fax to 806.744.4446**