



**SPECIAL PERSONS ENCOUNTER CHRIST**  
**Participant/Student Registration 2024- 2025**  
 Held at: Christ the King Believers Together Center  
 Please return to: SPEC c/o Christ the King Parish,  
 attn: Linda Matheis  
 3209 60<sup>th</sup> St \* Moline, IL. 61265  
 by Sept.1, 2024 Or email: **spec.ctk1976@gmail.com**

Participant Last name \_\_\_\_\_ First Name \_\_\_\_\_

Birthday: \_\_\_\_\_ Male or Female

Participant's Address: \_\_\_\_\_  
 \_\_\_\_\_

Contact for cancellations or emergencies: (Group home staff person or guardian if s/he lives at home)

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**The following information is requested so that we can better serve the physical and spiritual needs of the participants.**

Religion \_\_\_\_\_

Baptized as Catholic: Yes No DK

Receives Holy Communion? Yes No DK

Seizures: Yes \_\_\_ No \_\_\_

Diabetic: Yes \_\_\_ No \_\_\_

Verbal: Yes \_\_\_ No \_\_\_

Sign Language: Yes \_\_\_ No \_\_\_

Toileting: totally independent \_\_\_ Needs assistance \_\_\_

Likes / Dislikes \_\_\_\_\_

Special Assistive Devices? Please name them: \_\_\_\_\_

Any other information that may be helpful in assisting this participant. **ESPECIALLY MOBILITY ISSUES**

(wheelchairs, gait belts, walkers, blind, communication aids, etc) Use back of form if necessary:

\_\_\_\_\_

**May this person be photographed? Yes No**