



SPECIAL PERSONS ENCOUNTER CHRIST

Participant/Student Registration 22026-2027

Held at: Christ the King Believers Together Center

Please return to: SPEC c/o Christ the King Parish,
attn: Linda Matheis
3209 60th St * Moline, IL. 61265

by Sept.1, 2026 **Or email: spec.ctl1976@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