



# VBS Registration Form

Student's Name \_\_\_\_\_

Parent/Family/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail Address \_\_\_\_\_

## *Phone Numbers*

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Last school grade completed \_\_\_\_\_

Home Church \_\_\_\_\_

Friends of your child at this church \_\_\_\_\_

Allergies/Medical Information/Other \_\_\_\_\_

\_\_\_\_\_

## *Emergency Contacts*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## *Dismissal Information*

Name(s) of person(s) who may pick up this child from VBS

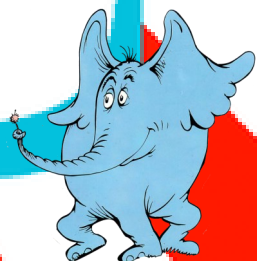
\_\_\_\_\_

## *Other Information (church use only)*

Book Group \_\_\_\_\_

Are parents/guardians/family members helping with a Seussical VBS? \_\_\_\_\_

If yes, where? \_\_\_\_\_



# VBS Registration Form Special Needs Considerations

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

1. How does your child best communicate their needs? \_\_\_\_\_

\_\_\_\_\_

2. How does your child communicate when they do not want something? \_\_\_\_\_

\_\_\_\_\_

3. What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

4. What are your child's challenges? \_\_\_\_\_

\_\_\_\_\_

5. What does your child like to do? \_\_\_\_\_

\_\_\_\_\_

6. How does your child socialize/make friends? \_\_\_\_\_

\_\_\_\_\_

7. Are there any aggressive/inappropriate behaviors we should know about? \_\_\_\_\_

\_\_\_\_\_

8. Are there any triggers of inappropriate behaviors? \_\_\_\_\_

\_\_\_\_\_

9. What are some things that help hold your child's attention? \_\_\_\_\_

\_\_\_\_\_

10. Does your child have any dietary or environmental issues we should be aware of? \_\_\_\_\_

\_\_\_\_\_

11. Does your child have physical limitations? If so, briefly describe : \_\_\_\_\_

\_\_\_\_\_

12. Are there medical issues we need to be aware of (seizures, diabetes, medications)? \_\_\_\_\_

\_\_\_\_\_

13. What are some ways we can help your child learn about God's love? \_\_\_\_\_

\_\_\_\_\_

