# 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)**

**Hero Group** _____

**Are parents/guardians/family members helping with *VBS Hero Central*?** _____

**If yes, where?** _____

★ If your child has Special Needs, please also fill out the form on the back! ★

# VBS Registration Form

## Special Needs Considerations

**Child's Name:**_____

**1. How does your child best communicate his/her needs?** _____

_____

**2. How does your child communicate when she or he does 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?** _____

_____

**14. Is there anything else you would like for us to know?** _____

_____

_____