



2021 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 VBS _____

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)

Crew 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!*

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?
