

VBS Registration form *(one per family)*

Crew Leader Name _____

Section below to be filled out by the parent/guardian.

Child #1 name: _____ Child's nickname _____

Child's gender: F M Child's age: _____ Date of birth _____

 Allergies or other medical conditions *(i.e. diabetes)* _____

Any special circumstances we should be aware of? (special needs or disabilities, and/or specific considerations). Yes No

Optional: fill out the second page if you have selected "yes."

Child #2 name: _____ Child's nick name _____

Child's gender: F M Child's age: _____ Date of birth _____


 Allergies or other medical conditions *(i.e. diabetes)* _____

Any special circumstances we should be aware of? (special needs or disabilities, and/or specific considerations). Yes No

Optional: fill out the second page if you have selected "yes."

Child #3 name: _____ Child's nick name _____

Child's gender: F M Child's age: _____ Date of birth _____

 Allergies or other medical conditions *(i.e. diabetes)* _____

Any special circumstances we should be aware of? (special needs or disabilities, and/or specific considerations). Yes No

Optional: fill out the second page if you have selected "yes."

Name of guardian(s) _____


Street address _____

City _____ State _____ Zip _____

Home telephone (_____) _____ Parent/guardian's cell phone (_____) _____

Home email address _____

Home church _____

 Custodial arrangement if applicable: _____

In case of emergency, contact _____ Phone (_____) _____

Relationship to child _____

I give permission to call 911 in case of emergency

Parent/guardian signature: _____ Date _____

Photographs will be taken during VBS. Do you give permission for your child's photo to be taken? Yes No

Optional: Special Needs Survey

Please fill out this survey only if you selected "yes" to Special Needs on the Registration Form.

We are excited to have your child here at VBS! We believe that every child has God given strengths and abilities. We would love to get to know your child better in order to encourage these strengths and abilities as well as to support them in the areas where they may need additional help. Please fill out the form below so that we can get to know your child better.

Child's name: _____ Parent's name _____

My child has the following educational label or medical diagnosis: _____

My child's primary means of communication is: _____

Additional information concerning my child's allergies or food sensitivities: _____

My child's favorite activities and interests are: _____

My child avoids doing or becomes easily frustrated with the following activities: _____

If my child becomes overwhelmed or frustrated they will respond best to: _____

My child's strengths are: _____

My child needs help with: _____

What suggestions do you have that may help us create the best possible experience for your child?

What information would you like us to share with other children at VBS that will help them to better know, accept and understand your child?