

Registration Form

(one per child)

Child's Name (first and last)

Crew Leader Name

(this section to be filled out by registration team)

Child's name: _____ Child's gender _____
First Last M or F

Child's nick name: _____ Child's age: _____ Date of birth _____

Name of parents(s) _____

Street address _____

City _____ State _____ Zip _____

Home telephone (_____) _____

Parent/guardian's cell phone (_____) _____

Home email address _____

Home church _____



Custodial arrangement if applicable: _____



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

In case of emergency, contact _____

Phone (_____) _____ Relationship to child _____

I give permission to call 911 in case of emergency

Parent/guardian signature

Photographs will be taken during VBS, your signature indicates you are giving permission for your child's photo to be taken.

Parent/guardian signature

SPECIAL NEEDS

Does your child have any special circumstances we should be aware of? (special needs or disabilities, and/or specific considerations) *This information will be shared only at your request, but it will allow us to better meet your child's individual needs.*

Permission granted

Parent/guardian signature

Please fill out the second page only if you have signed the "Special Needs" section.

Special Needs Survey

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: _____

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 VBX that will help them to better know, accept and understand your child?
