

# Registration Form

Child's Name (first and last) \_\_\_\_\_ (one per child) Crew Leader Name \_\_\_\_\_

(this section to be filled out by registration team)

Child's nickname: \_\_\_\_\_ Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/guardian's cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/guardian's email address: \_\_\_\_\_

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. My signature indicates I am giving permission for my child's photo to be taken.

\_\_\_\_\_  
*Parent/guardian signature*

## SPECIAL NEEDS

If you would like to share any information regarding your child's special needs, please fill out the second page of this form.

# 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 we can get to know your child better.

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?

\_\_\_\_\_

\_\_\_\_\_