

**Union Church**  
**2026 Vacation Bible School**  
**March 16 – 20, 2026**  
**9 am – 12:30 pm**



**Registration Form**

**Child's Name** John

**Parent/Family/Guardian Name** Ryan Haynie

**Address** 2620 N. Osceola Rd. Avon Park, FL 33825

**E-mail Address** rhaynie@weareunion.org

**Phone Numbers Home** 8632120844 **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Date of birth** 2020-01-01 **Age** 6 **Current school grade** 1 **Gender** Male

**Home Church** \_\_\_\_\_

**Friends of your child at this VBS** Union Church

**Allergies/Medical Information** Sandra

**Emergency Name** None **Phone** \_\_\_\_\_

**Dismissal Information** Name(s) of person(s) who may pick up this child from VBS

**Other Information (church use only)**

Pickup by John Kornegay, Ryan Haynie, Tamara Haynie

**Crew Group** \_\_\_\_\_

**Special Needs Considerations on back of this form**

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# Special Needs Considerations

Child's Name: John

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

None

2. How does your child communicate when she or he does not want something?

None

3. What are your child's strengths? \_\_\_\_\_

4. <sup>None</sup>What are your child's challenges?

\_\_\_\_\_

5. What does your child like to do? None

6. How does your child socialize/make friends?

None

7. Are there any aggressive/inappropriate behaviors we should know about?

None

8. Are there any triggers of inappropriate behaviors? \_\_\_\_\_

None

9. <sup>None</sup>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?

None

11. Does your child have physical limitations? If so, briefly describe

None

12. <sup>None</sup>Are there medical issues we need to be aware of (seizures, diabetes, medications)?

\_\_\_\_\_

13. <sup>None</sup>What are some ways we can help your child learn about God's love?

\_\_\_\_\_

14. <sup>None</sup>Is there anything else you would like for us to know?

\_\_\_\_\_

None