

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



Registration Form

Child's Name _____

Parent/Family/Guardian Name _____

Address _____

E-mail Address _____ Test

Phone Numbers Home _____ Test Cell _____ Work _____

Date of birth _____ Test Age _____ Current school grade _____ Gender _____

Home Church _____ rhaynie@weareunion.org

Friends of your child at this VBS _____ 5555555555

Allergies/Medical Information/ _____ 2020-01-01 _____ 6 _____ 1 _____ Male

Emergency Name _____ Phone _____

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

Other Information (church use only)

Crew Group _____

Special Needs Considerations on back of this form _____ Tamara Haynie 5555555555

Special Needs Considerations

Child's Name: _____
John

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

Test

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

Test

3. What are your child's strengths? _____

4. What are your child's challenges? Test

5. What does your child like to do? Test

6. How does your child socialize/make friends?

Test

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

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8. Are there any triggers of inappropriate behaviors? _____

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9. What are some things that help hold your child's attention?

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10. Does your child have any dietary or environmental issues we should be aware of?

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

Test

12. Are there medical issues we need to be aware of (seizures, diabetes, medications)?

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13. What are some ways we can help your child learn about God's love?

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14. Is there anything else you would like for us to know?

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