

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



**Child Registration Information**

**Registration Form**

<b>Child Name:</b>	Test	<b>Date of Birth:</b>	2020-01-01
<b>Parent/Guardian:</b>	Test	<b>Age:</b>	6
<b>Current Grade:</b>	1	<b>Gender:</b>	Male

**Address**

123 test Ln.

**Email Address**

test@test.com

**Phone Numbers**

<b>Home:</b>	5555555555	<b>Cell:</b>	-
<b>Work:</b>	-		

**Church / Attendance**

**Home Church**

Union Church

**Friends at VBS**

Sandra

**Health and Safety**

**Allergies / Medical Information**

Test

**Emergency Contact:** Test

**Emergency Phone:** 5555555555

**Dismissal Information**

Test

**For Office Use Only**

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

# Special Needs Considerations

Child Name: Test

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

N/A

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

N/A

3. What are your child's strengths?

N/A

4. What are your child's challenges?

N/A

5. What does your child like to do?

N/A

6. How does your child socialize/make friends?

N/A

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

N/A

8. Are there any triggers of inappropriate behaviors?

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A