



Registration Form

Registration Summary

Child Registration Information

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

Address

123 Test St

Email Address

test@test.com

Phone Numbers

Home:	5555555555	Cell:	-
Work:	-		

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?

-

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

-

3. What are your child's strengths?

-

4. What are your child's challenges?

-

5. What does your child like to do?

-

6. How does your child socialize/make friends?

-

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

-

8. Are there any triggers of inappropriate behaviors?

-

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.

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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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