

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



## Registration Form

**Child's Name** Tyler Haynie

**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** 2020-04-04 **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** Fire Ants **Phone** \_\_\_\_\_

**Dismissal Information** Tamara Haynie 8634512705 **Name(s) of person(s) who may pick up this child from VBS**

Pickup by John Kornegay, Tamara and Ryan Haynie

**Other Information (church use only)**

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

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

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# Special Needs Considerations

**Child's Name:** Tyler Haynie \_\_\_\_\_

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

None

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

None

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

None

**4. What are your child's challenges?**

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None

**5. What does your child like to do?** \_\_\_\_\_

**6. How does your child socialize/make friends?**

None

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

None

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

None

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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?**

None

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

None

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

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None

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

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None

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

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None

None