

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.

E-mail Address rhaynie@weareunion.org

Phone Numbers Home 8632120844 Cell _____ Work _____

Date of birth 2020-01-02 **Age** 6 **Current school grade** 1 **Gender** Male

Home Church _____

Friends of your child at this VBS Union Church

Allergies/Medical Information Sandra
None

Emergency Name Tamara Haynie **Phone** 8634512705

Dismissal Information Name(s) of person(s) who may pick up this child from VBS
Pickup by John, Tamara, Ryan

Other Information (church use only)

Crew Group _____

Special Needs Considerations on back of this form

Special Needs Considerations

Child's Name: Tyler Haynie

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?

None

4. What are your child's challenges?

None

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?

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

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

None

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

None

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

None

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

None