



Hero Central VBS Registration Form

First Bethel United Methodist Church ***** July 17-21, 2017

Child's Name _____

Parent/Family/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers Home _____ Cell _____ Work _____

Date of birth _____ Age _____

Last school grade completed _____

Home Church _____

Friends of your child at this church _____

Allergies/Medical Information/Other

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information:

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

Other Information (church use only)

Hero Group _____

Are parents/guardians/family members helping with VBS Hero Central? _____

If yes, where? _____

**We want your child to have the best experience possible.
If your child has Special Needs, please also fill out the form on the back – Thanks!!**



VBS Registration Form - Special Needs Considerations

Child's Name: _____

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. Are there any triggers of inappropriate behaviors? _____

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

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

9. Does your child have physical limitations? If so, briefly describe : _____

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

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