



# VBS at St. Paul UMC

June 10-14, 2019 (9:30 a.m.-noon)

## Voyager Registration Form

Student'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 (if any) \_\_\_\_\_

Friends of your child at this church \_\_\_\_\_

Special Needs/Allergies/Medical Information/Other: \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**\*\* If your child has more Special Needs than room to write, please also fill out any necessary information on the back!**

# 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. 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 : \_\_\_\_\_  
\_\_\_\_\_

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

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

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