The Conquerors VBS Registration Form



Student's Name			WE ARE MORE THAN CONQU
Parent/Family/Guardian Name_			
Address			
E-mail address			
Phone numbers Home	Cell	Work	
Date of birth	Age	T-Shirt Size	
Last school grade completed			
Home church			
Your child's friends at this churc	h		
Allergies/Medical Information/C)ther		
Emergency Contacts Name		Phone	
Name		Phone	
Dismissal information: Name(s)		·	
Other information (church use c			
VBS group			
Are parents/guardians/family m	embers helping with The	Conquerors VBS?	
If ves. where?			

If your child has special needs, please also fill out the form on the back

VBS Registration Form—Special Needs Consideration

Child's full name:
1. How does your child best communicate his/her needs?
2. How does your child communication 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?