



# 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? \_\_\_\_\_

\_\_\_\_\_