



Hero Central: Vacation Bible School Registration Form

Sunday, August 6 to Thursday, August 10 6 pm to 8 pm

\$10/student or \$20/family

Student(s) Names _____

Family/Guardian Names _____

Mailing Address _____

Email Address _____

Phone Numbers _____ (#1) _____ (#2)

Date of Birth _____ Age _____ Grade Equivalent (if applies) _____

Home Church

Medical Information

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information (Names who can pick up from VBS)

Volunteer with VBS [] Yes _____ Role No []

[] YES My child(ren) may be photographed. No pictures will be taken or released without family permission. Pictures will only be shared before worship on **Sunday, August 14** and on the secret Facebook page and on our bulletin board. No names will be included.

[] NO My child(ren) MAY NOT be photographed.



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Special Instructions: ONE per Student

Child's Name _____ Family Name _____

1. How does your child best communicate? _____

2. How does your child communicate needs/wants/dislikes? _____

3. What are your child's strengths/challenges? _____

4. What does your child like to do? _____

5. How does your child socialize/make friends? _____

6. Are there any aggressive/inappropriate behaviors we should know about? Anything that triggers them? _____

7. Dietary/Environmental/Physical/Medical Issues? _____

8. What helps your child learn the best? _____