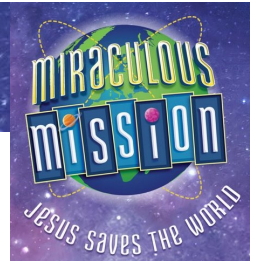


**FOREST OAKS LUTHERAN CHURCH  
2019 VACATION BIBLE SCHOOL REGISTRATION FORM**



**June 24-28      9:00am to Noon**  
**Please return form to the church as soon as possible.**  
**8555 Forest Oaks Blvd.**  
**Spring Hill, FL 34606**  
 (One form per child, please)

Child's Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Parent/Family/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Allergies/Medical Information/Other \_\_\_\_\_

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

Name: \_\_\_\_\_ Pickup Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Pickup Phone: \_\_\_\_\_

Siblings attending VBS: (List Names and ages): \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

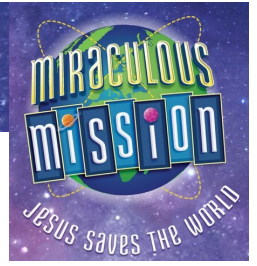
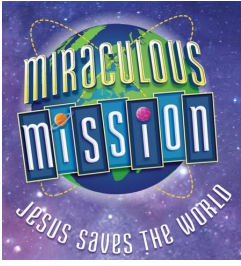
**Medical Release:** I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

**Photo Release:** I hereby grant the above named church permission to photograph/film my child designated above for any lawful purpose associated with this VBS program. I waive any right that I may have to inspect or approve the finished product or written copy to which it may be applied.

Parent Signature

Date

**++ If your child has Special Needs, please also fill out the form on the back! ++**



## Special Needs Considerations

(Please fill in, if necessary )

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 any thing else you would like for us to know? \_\_\_\_\_