

Registration Form Addition for Vacation Bible School

We hope that Vacation Bible School at our parish is a place of welcome and belonging for everyone who attends. To help us accomplish this goal, we ask that you please complete this additional information for each of your students. If you would like to share any more information with the VBS team, please feel free to do so. A member of the team will reach out to you as needed. Thank you!

Student Name:

Parent(s) Name(s):

Student Age:

What is the most important thing we should know about your student?

Does your student have any limitations pertaining to physical activity?

Yes

No

If yes, please describe them here:

Does your student use assistive technology devices and/or services?

Yes

No

If yes, please describe them here:

Does your student have any communication needs (required for deaf or hard-of-hearing)?

Yes

No

If yes, please describe them here:

Does your student have blindness or vision loss?

Yes No

If yes, please describe here:

Does your student have any allergies, a seizure disorder or history of seizures, or asthma?

Yes No

If yes, please provide all relevant information here:

Does your student have any specific toileting needs?

Yes No

If yes, please describe here:

Does your student experience any sensory-seeking behavior? Are there particular stimuli that trigger your student? What calms your student?

Is there anything else we should know about your student?