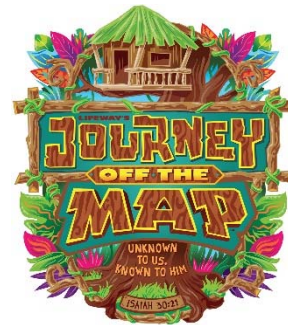




Individual Registration Form

(Needs to be filled out for every child attending VBS-A)



Child's Full Name: _____

Guardian's Name: _____ Birthdate: _____

Name(s) of other siblings participating in VBSA: _____

Do you want your children to be together in the same group? Yes No

Child's Favorite Color: Yellow Green Blue Purple Red Orange Black

Medical Information:

Insurance Provider: _____ Policy Number: _____

Pediatrician: _____ Hospital Preference: _____

Allergies: _____

Specialized Diet Concerns or limitations: _____

Health Related Limitations: _____

General Information (please skip if neurotypical):

Diagnosis(es): _____

Sensory Needs: _____

Motivators/Interests: _____

Calming Strategies: _____

Activities to avoid or activities child may resist: _____

Other information (please skip if neurotypical):

Circle the answer which best describes your child's restroom skills (Parents whose children are not potty trained or need assistance will need to remain in the building during VBS-A to assist child in the bathroom)?

Fully Potty Trained Potty Trained/Needs Supervision Needs Assistance Not Potty Trained

What is your child's primary mode of communication? _____

Does your child require a one-on-one aide? Yes No

 If yes, will you be providing your own? Yes No

Behavior	Consequences
Bites Self	
Runs or Bolts	
Scratches, pinches, or hits self or others	
Bangs own head	
Runs Away	

****Attention Guardians:** During VBS-A, several events will be offered free of charge for your relaxation and enjoyment. Sign-ups will be offered during the dinner hour. Stay tuned for more information.