

# Registration Form

(one per child)

Buckaroo/Li'l Cowpoke Name (first and last)

Crew Leader Name

(this section to be filled out by Cactusville Registration team)

Child's name: \_\_\_\_\_ Child's gender \_\_\_\_\_  
*First Last M or F*

Child's nick name: \_\_\_\_\_ Child's age: \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of parent(s) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_

Parent/guardian's cell phone (\_\_\_\_\_) \_\_\_\_\_

Home email address \_\_\_\_\_

Home church \_\_\_\_\_



Custodial arrangement if applicable: \_\_\_\_\_



Allergies or other medical conditions (i.e. diabetes) \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to child \_\_\_\_\_

I give permission to call 911 in case of emergency

\_\_\_\_\_  
*Parent/guardian signature*

Photographs will be taken during Cactusville. Your signature indicates you are giving permission for your child's photo to be taken.

\_\_\_\_\_  
*Parent/guardian signature*

## SPECIAL NEEDS

Does your child have any special circumstances we should be aware of? (special needs or disabilities, and/or specific considerations) *This information will be shared only at your request, but it will allow us to better meet your child's individual needs.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission granted

\_\_\_\_\_  
*Parent/guardian signature*

Please fill out the second page only if you have signed the "Special Needs" section.

# Special Needs Survey

We are excited to have your child here at VBX! We believe that every child has God given strengths and abilities. We would love to get to know your child better in order to encourage these strengths and abilities as well as to support them in the areas where they may need additional help. Please fill out the form below so that we can get to know your child better.

Child's name: \_\_\_\_\_

My child has the following educational label or medical diagnosis: \_\_\_\_\_

My child's primary means of communication is: \_\_\_\_\_

Additional information concerning my child's allergies or food sensitivities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child's favorite activities and interests are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child avoids doing or becomes easily frustrated with the following activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If my child becomes overwhelmed or frustrated they will respond best to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child's strengths are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child needs help with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What suggestions do you have that may help us create the best possible experience for your child?

\_\_\_\_\_

\_\_\_\_\_

What information would you like us to share with other children at VBX that will help them to better know, accept and understand your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_