



**Join us for a
week of
faith and
fellowship!**

Vacation Bible School School Aged Children K-12 with Learning Differences



July 8th-12th | 6PM-8PM

Our program offers exciting activities and lessons centered around the Bible.

CHRISTIAN EDUCATION.

Open to children K-12 with special needs.

CRAFTS, MUSIC & GAMES.

Dinner, Snacks & refreshments provided.

DAILY BIBLE LESSONS.

Limited Space. Register now to secure your spot!



Vacation Bible School School Aged Children K-12 with Learning Differences Application

Personal Information

Name: _____ Date of Birth: _____

Age: _____ Gender: Male Female T-Shirt Size: _____ Shoe Size: _____

Street Address: _____ City: _____

State: _____ Zip-Code: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: Home: _____ Mobile: _____

E-mail Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: Home: _____ Mobile: _____

E-mail Address: _____

Does child/youth currently attend a school, day program, workshop, or other program? YES NO

Name of School/Program: _____

Child/Youth Medical Information

Diagnosis: _____

Additional Conditions (check all that apply):

- Intellectual Disability Visual Impairment Hearing Impairment
 Walking Impairment
 Seizure Disorder (if checked, is this currently managed with medication? _____)
 Other: _____

Please describe in detail any conditions you have checked:

Allergies: YES NO What are they? (medications, food, etc.):

Severity of Allergies: _____

Do they carry an epi-pen? YES NO

Child/Youth Supervision Needs

Based upon child/youth skills and behaviors, what level of supervision does he/she require most of the day? In answering this question, please keep in mind how they respond to new situations, new people, transitioning from one activity to another, and other qualities of the group setting.

(check only one):

- Functions totally independently in all or almost all settings with only occasional supervision.
- Functions independently for short periods of time and can be supervised in a group with 1 supervisor.
- Generally, functions in a group with a supervisor and 2-3 other assistants. Needs one-to-one supervision only during specific activities.
- Generally, needs one-to-one supervision, but can function in group situations for some activities.
- Needs one-to-one supervision throughout the day.
- Needs more than one staff with him/her all day or when agitated or upset.

Child/Youth Communication

Check all statements that describe child/youth. Please answer thoroughly, giving examples. Use additional paper if necessary.

1. How do they get their message across?

- uses complete sentences _____
- uses 2-3 word phrases _____
- uses single words _____
- uses vocalizations, sounds, etc. _____
- uses sign language _____
- uses gestures, points, etc. _____
- uses objects to communicate _____
- takes you to things **they want** _____
- cries or whines _____
- uses pictures _____
- uses word cards _____
- uses special system such as a communication board _____
- writes to communicate _____
- Additional Information _____

2. How do they understand what is said to them?

- complete sentences 2-3 word phrases single words gestures or point
- pictures sign language objects

Reads: complete sentences 2-3 word phrases single words

Additional Information we should know as it relates to child/youth understanding what has been said to them:

3. Which types of schedules work best for them?

- Verbal Written Photo/Graphic 2-3 Activities at a Time 1 Event at a Time
- Does Not Require a Schedule Other: _____

4. Indicate and explain whether they can express the following concepts. If yes, how?

- Yes No Do they ask for help? _____
- Yes No Do they communicate an illness or pain? _____
- Yes No Do they communicate a dislike? _____

Self Help Skills

Mealtime

- Can use all utensils
- Can NOT use: fork spoon knife
- Drinks from a cup unassisted
- Chews and swallows with no problems
- Has good table manners
- Has inappropriate table manners (throws food, grabs food...please describe in additional info)
- Has a poor appetite
- Has an excessive appetite
- Would eat better in a separate, smaller dining area away from the large group

Favorite foods and drinks are: _____

Foods they WILL NOT eat: _____

Allergies to foods and drinks are: _____

Other special dietary needs (GFCF diet, no sugar, no pork, only 1 serving, etc.) _____

Additional Information: _____

Toileting

- Completely toilet-trained, uses toilet independently
- Partially toilet-trained, needs to be reminded to go
- Needs some assistance using the toilet
- Will use too much toilet paper or clog toilet
- Needs complete assistance/total supervision in the restroom
- Is not toilet-trained at all (wears diaper/training pants)
- Needs assistance with feminine hygiene

How often do they need to be taken to the restroom? _____

Do they let you know that they need to go to the restroom? _____

Additional Information: _____

Dressing

- Dress independently
- Needs help putting on (check all that apply): shirt pants socks
- Can fasten (check all that apply): buttons snaps zippers
- Can: put on shoes tie shoelaces

Behavioral Information

Please indicate how often, if ever child/youth does the following behaviors and the consequences. We must have accurate information in order to address behaviors in the event they occur during our time together.

Behavior	Never	Seldom	Often	What do you do when this occurs
Scratches, pinches, bites, or hits self				
Bangs own head				
Scratches, pinches, bites, or hits others				
Grabs other people				
Touches others inappropriately				
Throws things				
Gets into personal belongings				
Runs/wanders away				
Climbs on furniture				
Uses inappropriate language				
Spits on others				
Dumps liquids				
Strips own clothing				
Exposes self				
Masturbates in public				
Is not trustworthy				

Please provide additional information regarding these behaviors:

Behavior

Example: Throws objects

Consequences/Triggers

Must pick up object and return to proper place

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Behavior Plans:

Does child/youth have a behavior plan in place? YES NO

If yes, we request a copy during the application process so that we may best support

List any obsessive-compulsive behaviors:

Has child/youth had any involvement with law enforcement? YES NO

If yes, please explain:

Child/Youth Emotional State

- | | |
|--|--|
| <input type="checkbox"/> Prefers to be by self | <input type="checkbox"/> Clings to other people |
| <input type="checkbox"/> Does not like to be touched | <input type="checkbox"/> Gets upset if the routine changes |
| <input type="checkbox"/> Cries for no apparent reasons | <input type="checkbox"/> Laughs for no apparent reason |
| <input type="checkbox"/> Bothered by excessive noise | |

Please list things that scare or upset them:

Please describe what helps to calm them when they are sad, hurt, afraid, or otherwise upset:

Sensory Responses

Indicate their reaction to the following sensory input if the response is unusual:

Input	Overreacts	Underreacts	Comments
Visual Stimulation			
Lights			
Sunlight			
Heat			
Touch			
Thunderstorms			
Pain			
Animals			
Sounds			
Voices			
Other Sensitivities: _____ _____			

Positive Redirection

- | | |
|--|-------|
| <input type="checkbox"/> Edibles (food or drink) | _____ |
| <input type="checkbox"/> Music | _____ |
| <input type="checkbox"/> Tokens | _____ |
| <input type="checkbox"/> Particular Object | _____ |
| <input type="checkbox"/> Preferred Activity | _____ |

Activity

- Typical attention span and level of activity for their age
- Very short attention span
- Less active/needs motivation to participate
- Overactive
- Easily distracted by sights, sounds, people, etc.

Describe how you manage activity level and motivate them to participate:

List undesirable activities (please be specific):

Check all games/activities they enjoy:

- | | | | | |
|---|--|--|--|-----------------------------------|
| <input type="checkbox"/> books | <input type="checkbox"/> listening to music | <input type="checkbox"/> word searches | <input type="checkbox"/> video games | <input type="checkbox"/> computer |
| <input type="checkbox"/> magazines | <input type="checkbox"/> playing music | <input type="checkbox"/> watching videos | <input type="checkbox"/> crosswords | <input type="checkbox"/> drawing |
| <input type="checkbox"/> making crafts | <input type="checkbox"/> playing musical instruments | <input type="checkbox"/> puzzles | <input type="checkbox"/> writing letters | <input type="checkbox"/> painting |
| <input type="checkbox"/> board games (Favorites): _____ | | | | |
| <input type="checkbox"/> card games (Favorites): _____ | | | | |
| <input type="checkbox"/> other: _____ | | | | |

Will do fine working at a table in a group with several others

OR

Needs to have their own work area separate from others

COVID Protocols

We will follow current and up to date protocols. Describe how well child/youth understands and follows standard health and safety guidelines:

Mask Wearing: (choose 1)

- Comfortable wearing a mask
- Needs help remembering to keep mask on
- Refuses to wear a mask

Handwashing/Hygiene: (choose 1)

- Washes/sanitizes hands independently
- Needs help remembering to wash/sanitize hands
- Needs help washing/sanitizing hands

Additional Information

What are the child/youth strengths?

What do you want child/youth to get out of Vacation Bible School?

Waiver/Liability Release Form

Child Name _____

Parent/Guardian Name(s) _____

Medical Insurance YES ___ NO ___

Insurance Company _____ **Policy/GroupID#** _____

LIABILITY RELEASE: In consideration of Burnett Avenue Baptist Church allowing the above child to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Burnett Avenue Baptist Church, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims, or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever that may be incurred by the undersigned and the above child while involved in Vacation Bible School. Furthermore, on behalf of my child, I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child, if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Burnett Avenue Baptist Church, its directors, employees, volunteers, and agents from any and all liability, claims, or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

PHOTO/VIDEO PERMISSION: I **DO** give my consent to Burnett Avenue Baptist Church to use photo or video images taken of my child in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless Burnett Avenue Baptist Church from any liability which may result from the use of said picture(s). This form will apply throughout my child's tenure at Burnett Avenue Baptist Church's Vacation Bible School. ****None of the photos will be for personal use.****

I hereby give permission for my child to participate in Vacation Bible School at Burnett Avenue Baptist Church on July 8th – July 12th 6pm – 8pm nightly.

Parent/Guardian Signature _____ **Date** _____

Emergency Contact(s) & Pick-Up Authorization

Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:

Name _____ **Contact Phone** _____

Name _____ **Contact Phone** _____

Name _____ **Contact Phone** _____

People authorized to pick up my child:

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Behavior Guidelines/Discipline/Discharge Procedures

Behavior Guidelines

Please read the following with child/youth.

We expect children/youth to act respectfully at all times when they are on church property or participating in our programs. They are to behave in a mature, responsible way and respect the rights and dignity of others. Each child/youth is expected to follow the below guidelines for the safety and enjoyment of each person involved in camp:

- Be responsible for their actions
- Respect themselves, others, teachers, and any other person who is involved in VBS activities
- Respect church property and equipment including but not limited to the worship facility, rooms, and any materials used in VBS activities
- Communicate directly through a parent/guardian/advocate any difficulties they are having at VBS to a teacher or volunteer to seek a resolution

Discipline Procedures

If child/youth does not follow our behavior guidelines or engages in harmful or destructive behavior, we will take the following steps:

- Use redirection strategies as listed in the behavior plan provided with submitted VBS application or using behavior training techniques if no plan was provided
- If inappropriate behavior continues and/or escalates, the child/youth may be asked to leave an activity or VBS depending upon the severity of their actions
- Teachers and/or staff will communicate with parents/guardians if child/youth has not followed behavior guidelines and is engaging in harmful or destructive behavior
- If child/youth behavior continues to violate our guidelines and is unchanged despite multiple attempts to be corrected, or if the behavior is judged too potentially harmful to the individual or others, the parents/guardians will be notified immediately to pick up their child/youth.

Examples of harmful or destructive behavior include, but are not limited to, the following:

- Stealing or damaging property (personal or church property)
- Using profanity, offensive, or obscene language
- Continuous disruptive behavior
- Leaving VBS activities without permission
- Fighting or physical aggression with peers, teachers, or others involved in VBS activities
- Endangering the health and safety of peers and/or others

I have received a copy of the Behavior Guidelines/Discipline/Discharge Procedures provided by Burnett Avenue Baptist Church. By signing below, I agree that I have read and understand the guidelines and procedures that have been provided to me in this regard.

Child/Youth [Print Name]

Child/Youth [Signature]

Date

Parent/Guardian [Print Name]

Parent/Guardian [Signature]

Date

**Applications can be returned to the Welcome Station in the Church's Vestibule or via mail:
Burnett Avenue Baptist Church
Attention Rev. Angela Overton
6800 S Hurstbourne Pkwy
Louisville, KY 40291**