

Splash Canyon VBS 2018  
Registration Form

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

Grade Completed:     K     1st     2nd     3rd     4th     5th     6th

Person Responsible for pickup: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: (     )     -     \_\_\_\_\_.

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

\_\_\_\_\_

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

Emergency Contact(s): \_\_\_\_\_

Emergency Phone: (     )     -     \_\_\_\_\_

Allergies: Yes    No

If yes, which allergy? \_\_\_\_\_