



Family Last Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Mom's name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Dad's name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Caregiver's name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

.....

Child's Name: \_\_\_\_\_ Child's age: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade Entering Fall 2018: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's age: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade Entering Fall 2018: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's age: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade Entering Fall 2018: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

.....

Emergency contact: \_\_\_\_\_

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

I would like to help Splash Canyon as a Team Leader, Storyteller or game team member, or Group Guide (6<sup>th</sup> graders through adult).

Name: \_\_\_\_\_ Contact # \_\_\_\_\_

I hereby authorize the following person(s) listed below to drop off and/or pick up my child(ren) listed above at St. Michael the Archangel Catholic Church for Vacation Bible School, Monday, July 16<sup>th</sup> through Friday, July 20<sup>th</sup>, 2018:

Parent Signature

Date

Person(s) dropping off/picking up: \_\_\_\_\_ Contact # \_\_\_\_\_

| Office Use Only            |               |              |            |                 |
|----------------------------|---------------|--------------|------------|-----------------|
| Date _____                 | Amt. Pd _____ | Check# _____ | Cash _____ | Receipt#: _____ |
| Crew number or name: _____ |               |              |            |                 |