

WABAC Guardian Angels Vacation Bible School July 23 – July 27, 2018 ~ 9:00 am - 12:00 pm

WABAC – where kids will time travel with Team Justice to moments in history to learn about people who worked for justice. VBS is open to all kids ages 4 years old to those who have completed 5th grade. Please **extend an invitation** to friends, family and neighbors to join us. VBS is a **community** event. Registrations will close July 18. Fill out one form per family, and please mail-in or drop-off. You will receive an informational postcard the end of the week before VBS. Parents are encouraged to volunteer for a day. Please see volunteer form. **Due to staffing concerns and supplies on hand; we cannot accommodate late registrations or unregistered guests. Questions – call or email Sara Fleetham: sfleetham@guardian-angels.org or 651-789-3179.

Family Last Name							
Your child is:		First Name		Gender M/F	В	Birth Date	
4 years old: Entering Kindergarten Fall '19							
5 years old: Entering Kindergarten Fall '18							
Kindergarten: Completing Kindergarten Spring '18							
First Grade: Completing 1st grade Spring '18							
Second Grade: Completing 2nd grade Spring '18							
Third Grade: Completing 3rd grade Spring '18							
Fourth Grade: Completing 4th grade Spring '18							
Fifth Grade: Completing 5th grade Spring '18							
Fees Payable to Guardian Angels – attach to form No child will be turned away due to a lack of funds. Pease call Sara @ 651-789-3179 for assistance.		rm, # of Children @ \$35/each = Total Due to Guardian Angels =			PLEASE COMPLETE OTHER SIDE		
My child/ren may <u>NOT</u> appear ir	n photos including crev	v/small group ph	otos. Signed:			_	
Please write special requests here	e:						

Parent(s) Name(s)	email						
Address	City		Zip				
Primary phone number/s:			_ Is GA your home parish?	yes	no		
,	, grant permission for						
, (Parent or guardian's name)		(Child's/ren's name/s)					
Archdiocese of St. Paul/Minneapolis be described above. I also agree to pay a claim/law suit.	reasonable attorney's fees or	expenses incurred by the part	ish/school and Archdiocese in	defense c	of such		
Emergency Medical Treatment: In the reatment. I wish to be advised prior to the second			child to a hospital for emerge	ncy medic	al		
Emergency Hospital Preference: _							
/BS Week Emergency contact (not	parents): Name		Phone				
Parent's Signature:							



Special needs or accommodations for a successful VBS for your child:

Please list any medications your child takes daily:

Please list any food or other pertinent allergies including pets and animals:

Please indicate any other information about your child that will help Guardian Angels Staff and Volunteers to support your child's participation (For example wheelchair accessibility, ASL interpreter, Braille materials, special buddy):

The VBS Safety Leader may contact you prior to VBS.