



Who Is My Neighbor?
Guardian Angels Vacation Bible School 2019
8260 4th Street North, Oakdale, MN 55128
July 29 – August 2 ~ 9:00 am - 12:00 pm

Who Is My Neighbor – where kids will learn to love like Jesus. 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 23. 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	Birthdate
4 years old: Entering Kindergarten Fall '20			
5 years old: Entering Kindergarten Fall '19			
Kindergarten: Completing Kindergarten Spring '19			
First Grade: Completing 1st grade Spring '19			
Second Grade: Completing 2nd grade Spring '19			
Third Grade: Completing 3rd grade Spring '19			
Fourth Grade: Completing 4th grade Spring '19			
Fifth Grade: Completing 5th grade Spring '19			

Fees Payable to Guardian Angels – submit with form # of Children _____ @ \$35/each = _____

No child will be turned away due to a lack of funds. Please call Sara 651-789-3179 for assistance.

Total Due to Guardian Angels = _____

**PLEASE
COMPLETE
OTHER SIDE**

My child/ren may **NOT** appear in photos including crew/small group photos. **Signed:** _____

Parent(s) Name(s) _____ email _____

Address _____ City _____ Zip _____

Primary phone number/s: _____ Is GA your home parish? yes no

I, _____, grant permission for _____
(Parent or guardian's name) (Child's/ren's name/s)

to participate in the above named activity and I warrant that my child/ren is/are in good health. In consideration of my child's/ren's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/ Archdiocese of St. Paul/Minneapolis by myself, my child/ren or others, that arises out of any behavior by my child/ren at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital.

Emergency Hospital Preference: _____

VBS Week Emergency contact (not parents): Name _____ Phone _____

Parent's Signature: _____



Please write requests about crew assignments or other special requests here:

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.