

**Guardian Angels Church Vacation Bible School**

**June 10 – 13, 2024 12:30 – 3:00 p.m.**

(Please note that days are Monday through Thursday)  
Space is limited – Registration Deadline is May 23, 2024



Child's Name: \_\_\_\_\_ (List additional children on reverse side)

Grade entering in the Fall: \_\_\_\_\_ (Registration is open to those entering Kindergarten through fifth grade.)

Child T-shirt size: XS (4-6) \_\_\_ S (6-8) \_\_\_ M (10-12) \_\_\_ L (14-16) \_\_\_ XL (18-20) \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

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

Health Insurance: \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

**Children must wear tennis shoes for safety during activities and games.**

**Emergency Contact:**

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

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent / Guardian Signature

Date

**Payment due with registration: \$35.00 per child, \$85.00 per family of 3 children or more**

**Make checks payable to Guardian Angels**

**Please return to the Faith Formation Office, 521 E. 14 Mile Road, Clawson, MI 48017**

**Email: JohnDavidK@GuardianA.com**