



St. Gabriel the Archangel Catholic Church
Vacation Bible School 2018:



Taking Care of Business!

Praising God in All We Do !

Registration Form: Grades 1-6 (for 2018-19 school year)
July 30 - August 3, 2018: 9am-3pm at the St. Joseph Campus

Parent(s) or Guardian(s)

Name: _____

Address/City/Zip: _____

Home phone: _____

Work: _____

Cell: _____

E-mail: _____

Emergency contact(s)

Emergency contact(s) who are authorized to pick up your child

Name: _____ Phone: _____

Address: _____

Please include registration fee (increases by \$25 after June 15):

Early Bird Deadline = June 15th: June 16th-July 15th (only if space available):

\$50/child

\$75/child

\$150 family maximum

\$225 family maximum

Checks Payable to St. Gabriel the Archangel Catholic Church. Scholarships are available (form must be submitted). Please contact the Faith Formation Office at 952-935-5536, ext. 444 if interested.

Child's Name: _____

Birthdate: _____

Grade in school year **2018-2019**: _____

Dietary or medical needs: _____

T-shirt size (circle): Youth: Sm Med L XL Adult: Sm Med L XL XXL

Child's Name: _____

Birthdate: _____

Grade in school year **2018-2019**: _____

Dietary or medical needs: _____

T-shirt size (circle): Youth: Sm Med L XL Adult: Sm Med L XL XXL

Child's Name: _____

Birthdate: _____

Grade in school year **2018-2019**: _____

Dietary or medical needs: _____

T-shirt size (circle): Youth: Sm Med L XL Adult: Sm Med L XL XXL

PARENTS, CAN YOU VOLUNTEER?

DAILY (most needed) _____
DAY _____ AM _____ PM _____

*Nursery is provided for Volunteers' children

Interests (circle): group leader, games, snacks, crafts, chapel, music, skits, decor

Junior volunteers (ages 12+) who can assist:

Name: _____ Age: _____
Name: _____ Age: _____

Parent/Guardian Consent Form and Indemnity Agreement:

I, _____, grant permission for _____
Parent or Guardian's Name Child/Children's Name(s)

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

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. In the event of any emergency, if you are unable to reach me at the above numbers, contact: _____
(Name) (Phone Number)

MEDICAL INFORMATION (OPTIONAL):

Medication my child is taking at the present: _____
Family Health Plan Carrier: _____ Policy Number: _____
Family Doctor: _____ Phone Number _____

As parent or guardian, I agree to all of the above stated considerations and conditions.

(Signature) (Date)

PLEASE MAIL THIS FORM AND PAYMENT TO: St. Gabriel's Vacation Bible School
6 Interlachen Road
Hopkins, MN 55343
(Or put it in an envelope and place in the Sunday collection basket.)

For additional information, contact Kathleen Esh: 952-933-7610, Kesh@stgabrielhopkins.org