



The Greek Orthodox Church of Saint Demetrios

VACATION CHURCH SCHOOL 2018

ENROLLMENT FORM & PERMISSION SLIP (Pre-K to 6th)

Monday, June 25th – \*Thursday, June 28th, 2018 (9am – 12noon)
\*Thursday, June 28th is an extended day until 2pm (BBQ celebration)

NAME OF PARTICIPANT \_\_\_\_\_

GRADE IN 2018-2019 SCHOOL YEAR \_\_\_\_\_ BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_
(Must be 4 years old by September 1, 2018 through entering 6th grade)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

E-MAIL(S) \_\_\_\_\_

Participant's T-shirt Size (please circle): Youth: S (6-8) / M (10-12) / L (14-16) / XL (18-20) or Adult S

For 4th to 6th grades only:

I GIVE MY CHILD PERMISSION TO ATTEND THE FIELD TRIP TO "FEED MY STARVING CHILDREN" IN SCHAUMBURG ON WEDNESDAY, JUNE 27TH:

Parent's Signature \_\_\_\_\_

I WOULD LIKE TO BE A CHAPERONE ON THE "FEED MY STARVING CHILDREN" FIELD TRIP FOR GRADES 4-6:

Parent's Signature \_\_\_\_\_

- The enrollment fee of \$60 per participant should be paid via the Church office by Monday, June 11th.
All registrations and payments received after June 11th are subject to a \$25 late fee per participant.
Parents with multiple children receive a \$5.00 discount for each additional child (also applies to late fees).
Registration is not official or recognized until payment is made and forms are fully completed.
All checks may be made payable to The Greek Orthodox Church of Saint Demetrios.
All forms AND payment must be turned in together to the Church Office or at the VCS Booth.
Lunch or snack will not be served. Participants are asked to bring a DISPOSABLE peanut/nut-free snack & drink daily.

PARENT and TEEN VOLUNTEERS ARE NEEDED! (Please select all that apply.)

- Yes, \_\_\_\_\_ would like to volunteer with planning and preparations for VCS 2018!
Yes, \_\_\_\_\_ would like to volunteer to help during the week of VCS 2018!

I/We, the parent(s)/legal guardian(s) of the listed child above, do give my/our consent and approval for his/her participation in any and all activities of The Greek Orthodox Church of Saint Demetrios' 2018 Vacation Church School. In consideration of my/our child's acceptance in said activities, I/we the undersigned do hereby agree to indemnify and hold harmless The Greek Orthodox Church of Saint Demetrios and its directors, employees, officers, coaches & agents, without regard to any negligence on their part, against any claim for damages, compensation or otherwise including all losses and expenses caused to or by my/our child while participating in The Greek Orthodox Church of Saint Demetrios' 2018 Vacation Church School. I/We consent and give authority to obtain medical care and treatment of any and all injuries as a result of participating in The Greek Orthodox Church of Saint Demetrios' 2018 Vacation Church School.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**TRANSPORTATION (For 4<sup>th</sup> to 6<sup>th</sup> grades only)**

I authorize my child to use the following modes of transportation to participate in Vacation Church School events: private vehicles with seat belts driven by parents or sponsors, or private bus hired as needed. In doing so, I hereby expressly waive and release any and all rights or claims of any nature whatsoever I may have against the hired driver, VCS staff, adult volunteers, parents and Church of Saint Demetrios in Elmhurst.

\_\_\_\_\_  
**Parent Initial**

**MEDICAL**

If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

\_\_\_\_\_  
**Parent Initial**

**Please attach specific instructions if needed for the following:**

**Medication/Epipen, etc.:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL MEDICATION MUST BE IN THE POSSESSION OF A PARENT OR TEACHER.**

**PHOTO / VIDEO - Please check one** (Blanks will be registered as permission being granted.)

\_\_\_\_\_ I hereby **grant** St. Demetrios permission to use photo images or video of the above listed participant for the purpose of promoting Vacation Church School in publications and on the Web. I agree that the images and/or video become the exclusive property of St. Demetrios and wave the rights thereto.

\_\_\_\_\_ I **do not grant** St. Demetrios permission to publish any photo images or video of my child participating in the program.

\_\_\_\_\_  
**Parent Initial**

I, the parent/legal guardian of the above named child, have read, understood & agree to all terms stated above.

**Parent Name (printed):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_