



# St. Haralambos Greek Orthodox Church

## VACATION CHURCH SCHOOL 2017 ENROLLMENT FORM & PERMISSION SLIP!

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

GRADE IN 2017-18 SCHOOL YEAR \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Must be 4 years old by September 1st, 2017 through entering 6th grade)

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

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

E-MAIL \_\_\_\_\_

Participant's T-Shirt Size (please circle): XS (2-4) S (6-8) M (10-12) L (14-16) XL (18-20)

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_ Epipen: \_\_\_\_\_

- The enrollment fee is **\$50 per participant**, and should be paid via the Church office **by Monday, June 12.**
- **All registrations and payments received after June 12 are subject to a \$20 late fee per participant, and are not guaranteed a t-shirt.**
- All checks may be made payable to St. Haralambos Greek Orthodox Church.

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

Yes, I would like to volunteer with planning and preparations for VCS 2017!

Yes, I would like to volunteer to help during the week of VCS 2017!

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 St. Haralambos Greek Orthodox Church 2017 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 St. Haralambos Greek Orthodox Church and its directors, 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 St. Haralambos' 2017 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 St. Haralambos' 2017 Vacation Church School.

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