

# Camp St. Constantine – Vacation Church School

Dear Parents,

An annual blessing bestowed upon us by God is our "Camp St. Constantine". The 2018 program is again a one week program which is scheduled for:

**June 11 – 15**

Once again, this program will be a continuation of our religious education for our youth grades PRE Kindergarten – 7th. (Those in grades 8 and over may volunteer to serve as teacher assistants).

The Daily program will begin at 9 a.m. and conclude approximately 12:30 p.m. The young people will be divided by grade levels and the activities will include: Worship, Catechism, music, crafts, athletics and snacks. We are offering you the opportunity to register your children from now by completing the following form and returning it to the Church or school office by June 8, 2018.

It is my prayer that you will enroll your child(ren) in this program which will enable them to have fun learning about our Holy Orthodox Church.

Fr. Tom De Medeiros, Pastor

*(Return bottom portion - keep top for your records)*

## REGISTRATION

### SS. Constantine and Helen Greek Orthodox Church Vacation Church School

PLEASE LIST NAME/S (OF YOUR CHILD/REN) THEIR GRADE (please list the level they will enter in September) and CHECK OFF T-SHIRT SIZE:

NAME (full name)	GRADE (in Sept.)	CHILD MED	CHILD LG	ADULT SM	ADULT MED
1.					
2.					
3.					
4.					

**TO GUARANTEE A T-SHIRT YOU MUST REGISTER BEFORE 6/8/18 DEADLINE**

**Registration Fee: \$50 per child / \$90 for 2 children / \$135 for 3 children / \$180 for 4 children**

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_ (optional)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Any health issues we should be aware of: \_\_\_\_\_

I, THE PARENT OR LEGAL GUARDIAN OF THE CHILD OR CHILDREN NAMED ABOVE, DO GIVE MY APPROVAL FOR HIS/HER/THEIR PARTICIPATION IN THE ACTIVITY LISTED ABOVE. IN CONSIDERATION OF OUR CHILD'S ACCEPTANCE IN SAID ACTIVITY, I THE UNDERSIGNED DO HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS SS. CONSTANTINE AND HELEN GREEK ORTHODOX CHURCH OF PALOS HILLS, ILLINOIS, ITS PRIESTS, DIRECTORS, OFFICERS, AND AGENTS, WITHOUT REGARD TO NEGLIGENCE ON THEIR PART, AGAINST ANY CLAIM FOR DAMAGES, COMPENSATION OF OTHERWISE INCLUDING ALL LOSSES AND EXPENSES CAUSED TO OR BY SAID CHILD, WHILE PARTICIPATING IN THE SAID ACTIVITY, OR ARISING FOR SAID CHILD'S PARTICIPATION IN THE ACTIVITY. IT IS REPRESENTED AND WARRANT THAT SAID CHILD HAS NO HEALTH OR MEDICAL CONDITION WHICH WOULD PREVENT HIS/HER PARTICIPATION IN THE ACTIVITY AND THAT THE PARTICIPATION IN THE ACTIVITY WILL NOT ENDANGER OR POSE ANY HAZARD TO HIS/HER HEALTH.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER FORM

**In the interest to provide the best educational and social environment for our Campers, ALL counselors will be required to complete an application process to fulfill the needed positions. To apply, please contact Fr. Tom at [tomdemed@aol.com](mailto:tomdemed@aol.com) or call the Church Office at (708) 974-3400**

I.....would like to help in the following areas:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Group Leader     | <input type="checkbox"/> Recreation        | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Assistant Leader | <input type="checkbox"/> Hymnology / Music | <input type="checkbox"/> Refreshments     |
| <input type="checkbox"/> Arts and Crafts  |  | <input type="checkbox"/> Miscellaneous    |

YOUR PHONE # \_\_\_\_\_

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