



St. George Boston & Theophany School Present
Vacation Church School 2018
 "Feasts of the Theotokos"



REGISTRATION FORM

Monday June 25th- Thursday June 28th
 8:30AM-12:00PM

Please use one registration form per family – each family must register separately.

Ages 2.9 – 11 Years Old Welcome!

****2.9 year olds accepted but MUST be Potty Trained****

Children's Information

Child #1

First Name: _____ Last Name: _____

Gender: M F Birthday: _____ Medications: _____

Child #2

First Name: _____ Last Name: _____

Gender: M F Birthday: _____ Medications: _____

Child #3

First Name: _____ Last Name: _____

Gender: M F Birthday: _____ Medications: _____

Child #4

First Name: _____ Last Name: _____

Gender: M F Birthday: _____ Medications: _____

Parent's Information

MOTHER Name: _____ Email: _____ Cell: _____

____ Yes! I would like to help with Vacation Church School. Please let me know how I can help!

FATHER Name: _____ Email: _____ Cell: _____

____ Yes! I would like to help with Vacation Church School. Please let me know how I can help!

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Emergency Contact Info

Contact Name: _____ Relation to Children: _____

Emergency Contact Work Phone: _____ Emergency Contact Cell: _____

Insurance Information

Children's Insurance: _____ Plan #: _____

Doctor Name & Phone: _____

Permissions

I hereby give my permission for my child to participate in the Vacation Church School (VCS). I understand all reasonable safety precautions will be taken at all times by St. George Church and its agents during VCS. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Antiochian Orthodox Christian Archdiocese, St. George Church, its employees, and/or volunteers liable for damages, losses, disease, or injuries incurred by the subject of this form.

I agree that my child will abide by all the guidelines set forth and announced to the group for the safety and good health of the children at VCS. I agree to indemnify and hold harmless, the Antiochian Orthodox Christian Archdiocese, St. George Church, Theophany School, its employees, and/or volunteers from any expenses, loses, claims, or damages incurred as a result of the acts or omissions of the subject of this form. I hereby agree to indemnify and hold harmless St. George Church, Theophany School, the Antiochian Orthodox Christian Archdiocese, their clergy, officers, directors, employees, staff and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions and/or suits brought by me, my child or on my behalf or on my child's behalf or by anyone else as a result of any accident of injury occurring to me or my child.

In case of a non-life-threatening emergency, I do give my permission for my child (children) listed above to receive medical treatment from a medical practitioner. In case of a life-threatening emergency the staff at St George's Church Vacation Bible School (VBS) will immediately call 911 and notify you.

In case my child needs to receive basic first aid treatment that may include non-prescription medication such as Benadryl or Tylenol while he or she is in at the Vacation Bible School, I do give permission for the staff to administer the medication.

Please circle YES or NO next to each over-the-counter medication that your child is permitted to take.

Children's Tylenol:	YES	NO
Ibuprofen Products:	YES	NO
Children's Benadryl:	YES	NO

Signature of Parent/Guardian: _____

Printed Name _____ Date _____

REGISTRATION DONATION: \$30 for one child; \$35 for two children; \$40 for three or more children

PLEASE MAKE CHECKS PAYABLE TO ST. GEORGE CHURCH.

Please return this form along with payment to the Church Office by JUNE 17th 2018. Form & Payment can also be mailed to:

VACATION CHURCH SCHOOL
St. George Church
P.O. BOX 320164
WEST ROXBURY MA 02132