

SAINT NICHOLAS

VACATION CHURCH SCHOOL (vcs)

ON SITE SUMMER DAY CAMP

REGISTRATION FORM AUGUST 6-10, 2018 9AM - 12:30PM

For campers 5-11 years of age

Mail registration to: Saint Nicholas Church, 467 Grandview Ave, Wyckoff, NJ 07481.

Please include \$40 per camper; Checks can be made payable to St. Nicholas Greek Orthodox Church

Any questions please call Fr. Bill at 201-652-4774 or frbill@stnicholasnj.org **Deadline: July 15, 2018**

Contact: deebouloukos@aol.com; agapake@aol.com

Cost: \$40/camper if registered by July 1st; \$55/child after July 1st

Parent(s)/Guardian Contact Information:

Last Name: _____ First Name _____ Cell Number: _____

Last Name: _____ First Name _____ Cell Number: _____

Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent E-mail: _____

Health Care Information:

Family Physician: Name _____ Phone _____

Dentist Name _____ Phone _____

Insurance Company _____ Phone _____

Group Identification #: _____ Member # _____

Please list the names and telephone numbers of two persons to contact if your child (the camper) is ill or injured. In the event that the parent or guardian cannot be contacted, these persons might have to make a medical decision.

1. Name _____ Telephone _____

2. Name _____ Telephone _____

EMERGENCY MEDICAL TREATMENT To the VCS Staff:

In the event that I am unable to be reached and my child needs EMERGENCY MEDICAL TREATMENT during any time he/she is participating, you have my permission, and I hereby designate you my agent(s), to act in my son's/daughter's best interest in obtaining necessary transportation and medical care until I can be contacted. I hereby release you from any claim arising out of the doctor's actions, and I assume and agree to pay for any professional medical services incurred.

Parent/Guardian Signature _____ Date _____

Permission for emergency medical treatment will be effective throughout the participant's enrollment. If there is any change of information, please contact the Saint Nicholas Orthodox Church office at 201-652-4774.

Participant Camper Information:

1.

Name _____ Nickname (if preferred) _____

Baptismal Name _____ Grade _____

Birthday _____ Nameday _____

Describe any medical conditions/issues of which we should be aware:

Is your child taking either prescription or over the counter medication on a regular basis?

Yes No Name of Drug(s) _____

Drug Allergy? Yes No Name of Drug(s) _____

Other Allergies? Yes No Types: _____

Type of Reaction (be specific)

Camper T shirt size (CIRCLE ONE): YXS YS YM YL YXL AS

2.

Name _____ Nickname (if preferred) _____

Baptismal Name _____ Grade _____

Birthday _____ Nameday _____

Describe any medical conditions/issues of which we should be aware:

Is your child taking either prescription or over the counter medication on a regular basis?

Yes No Name of Drug(s) _____

Drug Allergy? Yes No Name of Drug(s) _____

Other Allergies? Yes No Types: _____

Type of Reaction (be specific)

Camper T shirt size (CIRCLE ONE): YXS YS YM YL YXL AS

3.

Name _____ Nickname (if preferred) _____

Baptismal Name _____ Grade _____

Birthday _____ Nameday _____

Describe any medical conditions/issues of which we should be aware: _____

Is your child taking either prescription or over the counter medication on a regular basis?

Yes No Name of Drug(s) _____

Drug Allergy? Yes No Name of Drug(s) _____

Other Allergies? Yes No Types: _____

Type of Reaction (be specific) _____

Camper T shirt size (CIRCLE ONE): YXS YS YM YL YXL AS

4.

Name _____ Nickname (if preferred) _____

Baptismal Name _____ Grade _____

Birthday _____ Nameday _____

Describe any medical conditions/issues of which we should be aware: _____

Is your child taking either prescription or over the counter medication on a regular basis?

Yes No Name of Drug(s) _____

Drug Allergy? Yes No Name of Drug(s) _____

Other Allergies? Yes No Types: _____

Type of Reaction (be specific) _____

Camper T shirt size (CIRCLE ONE): YXS YS YM YL YXL AS

Registration Fees (Due by July 15, 2018)

_____ Number of children (campers) you are registering

_____ x \$40/camper if registered by July 1st

_____ x \$55/camper if registered after July 1st

\$_____ Total Registration

Send this completed registration form with payment to the parish office at
Saint Nicholas Greek Orthodox Church 467 Grandview Avenue Wyckoff, NJ 07481

Please make checks payable to: "St Nicholas Greek Orthodox Church"

c/o Fr Bill Gikas, memo: VCS

YOUR PERMISSION

As a parent and/or guardian of this camper, I hereby consent to the use of pictures/photographs/video taken during the course of VCS 2018-19 for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

_____ Yes, I give consent for Saint Nicholas VCS to photograph my child (camper) for VCS.

_____ No, I do not authorize Saint Nicholas Church to photograph/video for my child(camper) for any event.

Parent Signature: _____ Date: _____

Sharing of yourself with VCS:

Your contributions of time & talent (& treasure) are always welcome!

Name: _____

Phone Number: _____

E-mail: _____

How would you like to help at VCS?

Circle all your interests: Staff Games Crafts Music Prepare Snacks Donate Snacks

Comments: _____

Make a donation? Contact Fr. Bill or send a check payable to ***Saint Nicholas Greek Orthodox Church Wyckoff***