

St. Michael the Archangel Antiochian Orthodox Church

presents

Vacation Church School 2019

REGISTRATION FORM

Tuesday, July 30th - Thursday, August 1st

9:00AM - 11:30AM

Please use one registration form per family.

All children 9 years old and younger are welcome. Children 4 and under will need an adult to stay and participate.

Children's Information

Child #1

First Name: _____ Last Name: _____

Gender: M F Birthday: _____

Medications: _____

Allergies: _____

Child #2

First Name: _____ Last Name: _____

Gender: M F Birthday: _____

Medications: _____

Allergies: _____

Child #3

First Name: _____ Last Name: _____

Gender: M F Birthday: _____

Medications: _____

Allergies: _____

Child #4

First Name: _____ Last Name: _____

Gender: M F Birthday: _____

Medications: _____

Allergies: _____

Parents' 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. Michael the Archangel Orthodox 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. Michael the Archangel Orthodox Church, its employees, and/or volunteers liable for damages, losses, disease, or injuries incurred by the subject(s) of this form.

I agree that my child(ren) 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. Michael the Archangel Orthodox Church, its employees, and/or volunteers from any expenses, losses, claims, or damages incurred as a result of the acts or omissions of the subject(s) of this form. I hereby agree to indemnify and hold harmless St. Michael the Archangel Orthodox Church, 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(ren) or on my behalf or on my child(ren)'s behalf or by anyone else as a result of any accident of injury occurring to me or my child(ren).

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

In case my child needs to receive basic first aid treatment that might include non-prescription medication such as Benadryl or Tylenol while he or she is at the Vacation Church 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; \$50 for two children; \$60 for three or more children

**Please make checks payable to
ST. MICHAEL THE ARCHANGEL ORTHODOX CHURCH
with Vacation Church School written in the memo.**

**Please return this form along with payment to the Church Office by
SUNDAY, JULY 21st, 2019.**

A minimum of 12 children will be needed for the program to run.
You will be notified by July 24th if the program is NOT going to run due to insufficient registration.

Form & payment may also be mailed to:

VACATION CHURCH SCHOOL
ST. MICHAEL THE ARCHANGEL ORTHODOX CHURCH
62 MAIN ST.
COTUIT, MA 02635