July 25 - 29, 2016

Greek Culture Day Camp at St. Nicholas Church

BE "GREEK" FOR A WEEK!

Daily: 9:00am - 3:00pm



St. Nicholas Greek Orthodox Church 10301 South Kolmar Oak Lawn, IL 60453 At Greek Culture Day Camp, your children will have fun as they learn about ancient Greece and modern Greek traditions.

All Greek - All Week!

Crafts and Activities Include:

Greek Mythology
Greek Art
Greek Theater/Tragedy
Greek Heroes
Archaeology
Greek Philosophers
Greek Cooking
Greek Olympics
Weaving
Greek Dancing
...and So Much More

- Location: St. Nicholas Church in Oak Lawn
- Children do not have to be of Greek descent.

 ALL children are welcome.
- Camp will be <u>limited to 50 total children.</u> Early registration is recommended.
- Classes will be divided by:
- Ages 7-8
- Ages 9-12
- \$150 early-bird sign up by June 1
- \$175 after June 2

For more details and registration form contact:

Kathy Roupas greekculturecamp@gmail.com

GREEK CULTURE DAY CAMP

INFORMATION AND REGISTRATION FORM

Dates:	July 25 - 29, 2016				
Hours:	9:00am – 3:00pm				
Where:	St. Nicholas Greek Orthodox Church, 10301 South Kolmar, Oak Lawn, IL 60453				
Age Groups:	7-8 and 9-12				
Cost Before June 1 (Early Bird):	Early Bird sign up / payment - \$150.00 per child.				
Cost After June 2:	\$175.00 per child				
Register Deadline:	No later than June 15, 2016				
Full Refund Dates:	Between June 1 and June 15				
Cancellation Between June 16-29	Minus \$50.00 administration fee				
Cancellation After June 30	No Refunds				
	No walk-in registration.				
	Note: Due to limited space, we will take registrations on first-come basis.				
Questions:	Kathy Roupas (St. Nicholas Parishioner) at greekculturecamp@gmail.com				
	or call cell phone # 312 286 5639				
Registration confirmation:	Will be sent via email (10) ten days AFTER registration/payment.				
Final information:	Will be sent via email approximately July 13, 2016.				
Checks:	Made payable to St. Nicholas Church and registration forms sent to the church				
	address above. All forms and payments must be received by June 15, 2016.				
Attire:	Children are requested to wear comfortable clothing and shoes that they can				
	play in (<u>no flip flops</u>).				
	We will be using the gymnasium for light activity, so tennis shoes will be				
	required. Children will be using paints, glue and markers so take that into				
	account in choosing clothing. (Two tee shirts will be provided).				
What to bring:	Children are requested to bring their own lunches and refillable water bottles				
	Monday through Thursday. Camp will provide two snacks per day. Due to				
	allergies, we request that you refrain from providing peanut butter				
	sandwiches.				
	A light lunch (no meat) will be provided on Friday during our Open House				
	Program.				
More information will be sent two weeks prior to camp.					

Purpose of our camp is to teach Greek Art, Greek Mythology, Greek Theater/Tragedy, Study Greek Heroes/Philosophers, Archaeology, Greek Cooking, Olympics, Weaving and much more. Your children will have fun as they learn about ancient Greece and modern Greek traditions.

All Greek - All Week!

ALL children are welcome. Children DO NOT have to be of Greek descent.

PLEASE USE THIS CHECKLIST TO ENSURE THAT WE RECEIVE ALL OF THESE DOCUMENTS:

- Greek Culture Day Camp Registration Form (2 pages). Form needed for <u>each</u> camper
- Check made payable to "St. Nicholas Church." (See early-bird registration date and cost)
- o T-Shirt size
- Friday Open House RSVP
- O Photography Release Form
- Medical Release Form
- O Signed Consent Form (Make and keep a copy of these completed forms for your records.)

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GREEK CULTURE DAY CAMP

REGISTRATION FORM (2 PAGES)

Please fill out a form for EACH child, if more than one child is coming from each family - PLEASE PRINT

CHILD'S FIRST AND LAST NAM	IE:				MALE 🗆	FEMALE	
CHILD'S AGE*:							
*Children should be between	the ages o	f 7 and 12 at	the time of camp.				
MOTHER'S FIRST AND LAST N	ΛΝ/Ε·						
FATHER'S FIRST AND LAST NA	IVIE:						
STREET ADDRESS:							
CITY:	-		STATE:	ZIP CODE:			
<u>I</u>							
MOTHER'S EMAIL ADDRESS:							
FATHER'S EMAIL ADDRESS:							
HOME PHONE:	_						
MOTHER'S CELL:	_						
FATHER'S CELL:							
			TEE SHIRTS				
	l f an aa ala	ــنــ الـ۸ ادانـاـ		((\)///			
Two tee shirts will be provided			•	•		. –	
YOUTH SMALL (6/8)	Y	OUTH MED	IUM (10/12) □	YOUTH LAI	RGE (14/16) L	
		OPEN I	HOUSE ON FRIDAY				
		0					
We will have an Open House or	•				_		
Please advise how many people	e (NOT inc	luding childr	en in camp) will be atte	ending our Open	House/Pro	gram and	
Luncheon on Friday at 12:30.							
# OF GUESTS (MAXIMUM TWO		One \square					
Note: we are limited in space, so two people per family can be accommodated.							
There is no charge for this luncheon. More information will be provided fourteen days prior to camp. \Box							

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Page 2 (please re-write chi	ild's name o	n this page):						
CHILD'S FIRST AND LAST NAT	ΛE:							
		DUOTO	CDADUV					
		PHOTO	GRAPHY					
			- Coaste Cultura Car		staff Dhatas assumasible.			
I give my permission to have	•			•				
be selected for use in promot		_			· · · · · · · · · · · · · · · · · · ·			
Nicholas Facebook), internal only. (NOTE: For children who								
photos are taken during cam	•	ly NO to uny or	un priotos, we win t	ug their nam	e baage with a dot so NO			
photos are taken daring camp) WEEK.							
		YES □	NO 🗆					
		MEDICAL	RELEASE FORM					
As a parent and/or guardian	, I herewith a	authorize the tr	eatment by a qual	ified and lice	nsed medical doctor of the			
following minor in the event	of a medical	emergency, wh	ich, in the opinion	of the attendi	ing physician may endanger			
his or her life, cause disfigure	ment, physica	al impairment o	f undue discomfort	if delayed. Th	nis authority is granted only			
after a reasonable effort has	been made	to reach me. /	Note: St. Nicholas C	Church is one	block from a firehouse with			
ambulance service and one n	nile from Chris	st Hospital. This	medical release for	rm is complet	ed and signed with the sole			
purpose of authorizing med	ical treatmen	it under emerg	ency circumstance	s in my abse	nce. This signed form also			
waives, releases, and discha	ges St. Nicho	las Church and	its volunteers from	m any and all	negligence and liability for			
disability, personal injury or p	ersonal prop	erty theft. Pleas	se complete form fo	or each child.				
The control of the co								
The parents' numbers listed of	on form will b	<u>e called in case</u>	of emergency.					
Note: Bandages, Bactine and Neosporin will be available for minor scrapes.								
	There wil	l be light to mod	derate activity durin	ng camp.				
				DUONE				
CHILD'S PHYSICIAN NAME:				PHONE NUMBER:				
				NUIVIBER:				
Please list any HEALTH CONC	FRNS or FOO	D ALLERGIES fo	r any child attendi	ng our Greek	Culture Day Camp:			
List all known medical condit			-	_				
taken regularly, parent or gua			-					
Volunteers WILL NOT be resp			-	<u> </u>	nedication to their ormar			
<u> </u>	<u> </u>	g.	<u> </u>					
Λ.	nte: Voluntes	ers are not nerm	itted to administer	r medications				
Note: Volunteers are not permitted to administer medications.								
FOOD: A mid-morning and mid-afternoon snack will be provided by the camp, however children with <u>food allergies</u>								
must bring their own snack each day. Children must bring their own lunch (no peanut butter), Monday – Thursday and								
their own refillable water bottle. A light lunch (no meat) will be provided for everyone on Friday at our Open House.								
THIS FORM MUST BE SIGNED WITH YOUR REGISTRATION CHECK FOR EACH CHILD								
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PARENT'S SIGNATURE:								