

**ST. GEORGE GREEK ORTHODOX CHURCH  
VACATION CHURCH SCHOOL**

**BIBLE  
STUDIES!**

**FUN  
ACTIVITIES  
AND  
PROGRAMS!**



**COME  
JOIN  
THE  
FUN!**

**MONDAY, JUNE 24 - FRIDAY, JUNE 28, 2024  
EVERYDAY FROM 9:15am - 3:00pm**

# **church summer camp!!**

**Camp registration fee is \$200 before June 20th,  
afterwards fee is \$250; Counselors \$25**

**For more information or if you are interested in volunteering or able  
to donate, contact Stella Shizas at 862.591.8164 or Elaine Manoliadis at  
973.865.9452 or email [vcs@stgeorgeclifton.org](mailto:vcs@stgeorgeclifton.org).**

**818 Valley Road, Clifton, NJ**

# Saint George Greek Orthodox Church VCS

## REGISTRATION FORM

Monday, June 24th - Friday, June 28th

Drop off 9:15am - 3:00pm Pick Up

Campers Ages 5 - 12 / GOYAN Counselors Ages 13 (Going into 8th Grade & Up)

Campers Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_

T-Shirt Size: Youth S, M, L Adult S, M, L, XL (Circle one)

Parent Name: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency contact (other than parents) & Name of persons who may pick up your child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Food Allergies/Medical condition or other concerns: \_\_\_\_\_

Does your child have an Epi-pen? Yes Or NO Please label all medications & seal in a zip lock bag

Pediatrician's Name, Address & Phone #:

I hereby give my child (name) \_\_\_\_\_ permission to take part in all Saint George Vacation Bible School activities. In the case of an emergency, I give the staff permission to administer first aid. Should medical attention be required, I give permission for staff members to seek further qualified medical assistance including emergency room care until I can be contacted.

Signature of parent or legal guardian \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RSVP BY EMAIL NO LATER THEN THURSDAY, JUNE 20th:**

Stella Shizas (862) 591-8164 or Elaine Manoliadis (973) 865-9452 or [vcs@stgeorgeclifton.org](mailto:vcs@stgeorgeclifton.org)

Please drop off or mail your completed forms with payment to:  
St. George GOC, 818 Valley Rd, Clifton, NJ 07013 Attn: Camp

**ALL Registration Forms Due By Friday, June 21st**

**Registration Fee: \$200 Per Child for full week**

OR \$40 Per Day (please indicate which days you will attend)

Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_ \$40 x \_\_\_\_\_ = \$\_\_\_\_\_

**Late Registration After June 21st - fee increase to \$250.00 Per Child (\$50/Per Day Fee)**

**GOYA Counselors Ages 13 Going into 8th Grade & up: \$25 fee**

**Recent GOYA H.S. Graduate Counselors are FREE!!**

**(NO REGISTRATIONS WILL BE ACCEPTED ON MONDAY, JUNE 24<sup>TH</sup>)**

Please contact Stella Shizas 862-591-8164 or Elaine Manoliadis 973-865-9452 with questions or [vcs@stgeorgeclifton.org](mailto:vcs@stgeorgeclifton.org)