



**Summer STEAM and SPORTS Camp
Monday, June 9th- Friday, June 20th**

MONDAYS- FRIDAYS

9:00 a.m. - 3:00 p.m.

OPEN TO ALL INCOMING PRE-KINDERGARTEN 4'S-6TH GRADERS



SCIENCE | TECHNOLOGY | ENGINEERING | ARTS | MATHEMATICS



Learning experience
SCIENCE • TECHNOLOGY • ENGINEERING • ARTS • MATH

**Sts. Constantine & Helen Greek Orthodox Church
11025 S Roberts Road, Palos Hills, IL 60465**

Phone: (708) 974-3402 www.koraes.org

Cost per child:

\$275/week for Korae's students

\$325/week for non-Korae's students

Prorated daily rate is \$85/day

Payments will be made either through the online payment portal or via check (made out to KES, dropped off with enrollment form to school office)

Campers bring their own peanut-free lunch, snack, and water each day.

***Before camp care \$10/hr per child from 8-9 a.m.**

***After camp care \$10/hr per child from 3-4 p.m.**

Registration March 21st - April 30th

Please return the registration form and waiver as soon as payment is made.

**Late registration April 30th- June 20th, cost above each increase by \$50
(excluding before and after care)**

Questions, contact the director, Mrs. Aleka Letsos at aletsos@koraes.org

**Koraes Elementary School's
Summer STEAM and Sports Camp 2025
Enrollment Form
Fill out one form per child. Please print clearly.**

Child's Name: _____ Child's Date of Birth: _____

Parents' Names: _____ Grade level 25-26: _____

Address: _____ City _____

Mom's cell #: _____ Dad's cell #: _____

Mom's Email: _____ Dad's Email: _____

In case of emergency list parent who should be contacted first: _____

Session: ____ All TWO weeks Only the weeks of _____

All three weeks on these days only: _____

Only these dates: _____

Name and phone number of two relatives or friends available during summer camp hours willing to assume temporary care of your child if you cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Does this child have any special medical conditions or take regular medication?
If YES, please explain (ex. Asthma, allergies, etc.) Please be specific YES or NO (circle)

Do you give permission for your child's picture/video to be released to social media without names or identifying personal information? YES or NO (circle)

If you cannot be contacted, do you give permission to have a paramedic, doctor, or hospital give emergency treatment? If NO, what emergency treatment should be followed? YES or NO (circle one)

I/We the parent(s)/legal guardian(s) of the listed child do give my/our consent and approval for his/her participation in any and all activities of Koraes Elementary School's 2025 Summer STEAM Camp. In consideration of my/our child's acceptance in said activities, I/WE the undersigned do hereby agree to indemnify and hold harmless Sts. Constantine and Helen G.O.C. d/b/a Koraes Elementary School, and its parish council members, school board members, employees, volunteers and agents, without regard to negligence on their part, against any claim for damages, compensation or otherwise including all losses and expenses caused to or by my/our child while participating in Koraes Elementary School's 2025 Summer STEAM Camp. I/We consent and give authority to obtain medical care and treatment of any and all injuries as a result of participation in the Koraes Elementary School's 2025 Summer STEAM Camp.

I understand that Koraes Elementary School/Sts. Constantine and Helen Greek Orthodox Church is not responsible for emergency/medical expenses incurred in case of emergency treatment.

Parent/Guardian Signature

Date