

Summer STEAM and Sports Camp 2024  
Enrollment Form - MUST BE COMPLETED AND RETURNED TO ATTEND  
Fill out one form per child. Please print clearly.

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parents'/Guardians Names: \_\_\_\_\_ Grade level 24/25: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Parent/Guardian cell: \_\_\_\_\_ Parent/Guardian cell: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent/GuardianEmail: \_\_\_\_\_

**My child is currently enrolled at Koraes for the 2024-25 school year: Yes or No**

**Camp Information:**

Session (check applicable): 1\_\_\_\_, 2\_\_\_\_, 3\_\_\_\_, All three weeks\_\_\_\_, Single Days\* (see below)\_\_\_\_

All three weeks on these days only: \_\_\_\_\_

Only these single days\*: \_\_\_\_\_

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?

YES or NO (circle) **If YES**, please explain (ex. Asthma, allergies, etc.) Please be specific

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 2024 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 2024 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 2024 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