



## 2015 Orthodox Christian Vacation Church School at Holy Cross

Bring your children to learn God's word at V.C.S.!

VCS is dedicated to teaching our young children about Orthodox Christianity in a fun and exciting atmosphere. It is an extension of the Sunday School experience that can greatly enhance a child's sense of belonging to the church, while providing our children with an opportunity to make lifelong friends in the church community.

Activities include daily skits illustrating lesson, brief classroom instruction, religious music lessons, hands-on crafts relating to lesson, recreation time, snack & social time.

This year's theme is:

### Parables

**Monday, July 27, 2015 ~ Friday, July 31, 2015**  
9:00 am ~ 12:00 Noon

**\*Monday, July 27, children should arrive at 8:30 am**

Holy Cross Greek Orthodox Church,  
123 Gilkeson Road, Mt. Lebanon, PA 15228

If you have questions, or in case of emergency during VCS,  
call (412) 833-3355

Welcoming all children age 3 years through entering 8th grade High School students, parents, interested adults needed to volunteer  
Nominal registration fee of \$12 per student is due by June 30th  
\$17 if received by July 15th, \$22 if received after July 15th

*Please register early so we can adequately prepare snacks, crafts, etc.!*

Make checks payable to Holy Cross VCS

## Orthodox Christian Vacation Church School at Holy Cross

2015 Registration Form ~ Please print.

Child's First & Last Name	Age on July 27	Grade Entering Fall 2015	Allergy information (Food, Medicine, Other)

Parent's Name(s):

Home Phone:

Address:

Church Parish you belong to:

Mother's Cell Phone/Work Phone:

Father's Cell Phone/Work Phone:

Email address:

Emergency information, OTHER THAN parents

1st Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

2nd Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Parental Consent: \_\_\_\_\_

I give my child(ren) listed above permission to participate in the Vacation Church School held July 27 through July 31, 2015. I understand that my child(ren) will be responsible for obeying the rules and regulations of VCS as enforced by the directors, teachers, and staff. I hereby release Holy Cross church, its VCS teachers and staff from liability for the safety and/or conduct of my child(ren). I also give permission for emergency medical care to be administered to my child(ren) if necessary.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

For administrative use:

Date Received \_\_\_\_\_ Amt Recd/Check # \_\_\_\_\_ Amt Recd/Cash \_\_\_\_\_