

2025 Orthodox Christian Vacation Church School

at Holy Cross

Bring your children to learn
God's word at VCS!

This year's theme is:
VCS is dedicated to teaching
our young children about Or-
thodox Christianity in a fun
and exciting atmosphere. It is
an extension of the Sunday School experience hat 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

SAINTS
ALIVE

***Note date change to JUNE**

Monday, June 23 thru Friday, June 27
from 9am~Noon

**Monday, June 23, children should arrive at 8:30 am*

Welcoming all children age 3 years through entering 6th grade
**High School students, parents, interested adults
are needed to volunteer.**

Nominal registration fee of
\$20 per student is due by May 30th

Please register early so we can prepare nametags, snacks & crafts!

Make checks payable to Holy Cross VCS and send to:
123 Gilkeson Road, Pittsburgh, PA 15228

Should you need financial assistance, please contact
Fr. Michael Kallaur (Holy Cross) at (412) 833-3355

Orthodox Christian Vacation Church School at Holy Cross

Child's First & Last Name	Age on July 30	Grade Entering Fall	Allergy information (Food, Medicine,
Parent's Name(s):			
Home Phone:			
Address:			
Church Parish you belong to:			
Mother's Cell Phone:			
Father's Cell Phone:			
Email address:			

2025 Registration Form ~ Please print.

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 June 23-27, 2025. 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 Rec'd/Check# _____ Amt Rec'd/Cash _____