



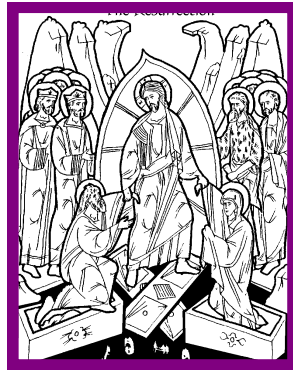
2026 ORTHODOX CHRISTIAN VACATION CHURCH SCHOOL AT HOLY CROSS



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

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 life-long 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:

SUMMER PASCHA

Monday, July 27 thru Friday, July 31 from 9am~Noon

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

Welcoming all children age 3 years through entering 6th grade
High School students, parents, interested adults needed to volunteer.
Nominal registration fee of \$20 per student

Please register early

so we can prepare nametags, snacks & crafts!
Make checks payable to Holy Cross VCS and send to:
123 Gilkeson Road, Mt. Lebanon, 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 2026 Registration Form ~ Please print.

Child's First & Last Name	Age on July 30	Grade Entering Fall 2026	Allergy information (Food, Medicine, Other)

Parent's Name(s):

Home Phone:

Address:

Church Parish you belong to:

Mother's Cell Phone:

Father's Cell 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 27-31, 2026. 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 _____