



June 17th - June 21st, 2019

"TO AEROSTATO MAS "

Enrollment Form

Camper's Name: _____ **Birth Date:** _____

Address : _____

City : _____ **State :** _____ **Zip :** _____

Mother's Name : _____

Phone : Home _____ **Work** _____ **Cell** _____

Father's Name : _____

Phone : Home _____ **Work** _____ **Cell** _____

Emergency Contacts: (during Summer Camp hours)

Name: _____ Phone : _____

Physician's Name : _____ Phone : _____ Insurance Carrier : _____

Please list ALL medical conditions your child's teacher should be made aware of (e.g. diabetes, epilepsy, allergies, hyper activity, heart conditions etc.) Also, please list ALL medications your child is currently taking and for what condition.

1. _____ 2. _____ 3. _____

WAIVER OF RESPONSIBILITY--- I AUTHORIZE THE STAFF OF THE HOLY CROSS GREEK SCHOOL TO CALL AN AMBULANCE FOR MY CHILD IN CASE OF AN ACCIDENT OR ACUTE ILLNESS & TO ALLOW FOR POSSIBLE EMERGENCY MEDICAL AND SURGICAL CARE IN CASE HIS/HER DOCTOR OR I AM NOT AVAILABLE.

Parent/Guardian Signature : _____

REGISTRATION COST

Day Camp	\$325	9:00 am - 3:00 pm	\$300 for each additional sibling
Pre camp	\$350	8:00 am - 9:00 am	Yes No (please circle one)
Post Camp	\$375	3:00 pm - 5:30 pm	Yes No (please circle one)
All Day	\$400	8:00 pm - 5:30 pm	Yes No (please circle one)

A non-refundable \$125 per camper is due along with this application. Full balance, including any optional extended care cost, is due by May 19th. Please indicate if you need extended care (this is not a commitment from you at this time but it will help us plan accordingly):

For any questions please call:

Katerina Papachristou-Chiotis : (650) 868-0728 , email : chiotiskaterina@gmail.com

REGISTER TODAY!!! SPACE IS LIMITED!

Please complete this form, make your check payable to Holy Cross Greek School and mail to

**Holy Cross Greek School
900 Alameda Belmont CA 94002**

