



# HELLENIC AMERICAN ACADEMY

*Affiliated with Holy Trinity Hellenic Orthodox Church of Chicago*

## SOCRATES HELLENIC AMERICAN DAY SCHOOL SUMMER PROGRAMS REGISTRATION FORM

# JUNIOR CAMP 2010

OFFICE USE ONLY

Date & Time Rec'd.: \_\_\_\_\_

Payment Rec'd.: \$ \_\_\_\_\_

Cash /  Check # \_\_\_\_\_

C/card App # \_\_\_\_\_

Receipt # \_\_\_\_\_

\*Registration Fees: \$100 per participant  
(non-refundable, non-transferable)

### PARTICIPANT/S INFORMATION

FAMILY NAME \_\_\_\_\_

CHILD/REN PARTICIPATING IN JUNIOR CAMP

CHILD'S FIRST NAME	ENTERING GRADE (in 2010/11 school year)	BIRTH DATE DD/MM/YY	GENDER M/F

### FAMILY INFORMATION

CHILD/REN RESIDES WITH:  Both Parents  Mother  
 Father  Other \_\_\_\_\_

If parents are divorced which parent has legal custody & educational rights? \_\_\_\_\_  
*(Proof of guardianship may be requested)*

SIBLINGS PARTICIPATING IN ANOTHER HAA SUMMER PROGRAM?  No  Yes \_\_\_\_\_  
*(Please list)*

### MOTHER OR GUARDIAN INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE PRINT

### FATHER OR GUARDIAN INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PLEASE PRINT

**EMERGENCY CONTACTS**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**HEALTH INFORMATION**

PRIMARY DOCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

<b>CHILD'S NAME</b>	<b>TAKING ANY PRESCRIPTION MEDICATIONS? (list)</b>	<b>SPECIAL HEALTH CONSIDERATIONS/ISSUES</b> <i>(Please provide all helpful details including allergies, recurrent conditions, dietary restrictions, etc)</i>

**GENERAL PERMISSION & RELEASE**

For each of the children listed above, I/we give our permission for the child to attend the Socrates Hellenic American Day School (the "School") summer program which is indicated below (*the "Program"*). By signing below, I/we represent that I/we have provided full and accurate information to the School about each child participating in the Program. Further, I/we agree to be responsible for the timely payment of all Program tuition and fees pursuant to the terms and conditions of same.

With respect to each listed child, I/we also consent to our child's participation in all Program indoor and outdoor activities unless I/we specifically advise the School and the Program Director in advance in writing. Except for liability arising from gross negligence or fraud, I/we fully waive and release the Hellenic American Academy, the School, its administrators, teachers and employees, the School Board, the Program and its Director and staff and any other related entities as well as the officers, directors, representatives, agents and volunteers of each, from any and all liability, damages or responsibility which may arise on the School premises, in transit to or from the School, or otherwise as a result of our child's participation in the Program.

By signing below, I/we confirm that I/we have full authority to make the authorizations granted here and that no other party's permission is required. I/we also confirm that I/we have notified the school in writing of any special issues or needs each child has and have fully discussed those issues or needs with the Program Director.

With respect to each listed child, I/we understand it is our responsibility to notify the School and the Program Director if my child's records need to be updated especially relative to emergency information. In case of an emergency, the School and the Program staff has my/our permission to give First Aid treatment. In an emergency, in the event that neither I, nor my spouse, or specified guardian or emergency contact can be reached, I/we give permission to the School or Program staff to call a doctor or arrange for emergency transportation and treatment at a nearby hospital and I/we accept responsibility for any expenses associated with same.

I/we understand (and have advised our child) that Junior Campers are not permitted to use School computers to access the Internet.

I/we have read this document carefully and fully understand its contents and have signed it voluntarily and of my/our own free will. I/we acknowledge that the foregoing includes a release from liability and for each listed child I/we knowingly assume any risk of injury or illness.

Without limiting the above, I/we specifically authorize the additional activities or uses marked as "YES" below:

➤ **PUBLIC RELATIONS/PRESS RELEASES**

- ❖ I/we authorize my child's name and likeness (whether photographed, videotaped or sound-recorded) to be used in print, on the School website or in any other media provided the purpose of such use is to recognize an achievement of my child or for the promotion or benefit of the Program, School or Academy.

Yes       No

\_\_\_\_\_  
*Mother's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Father's Signature*

\_\_\_\_\_  
*Date*

**SELECTION OF CAMP OPTIONS**

<b>CHILD'S FIRST NAME</b>	<b>WEEKS</b> <i>(list selected weeks)</i> 1: 6/14 - 6/18 2: 6/21 - 6/25 3: 6/28 - 7/2 4: 7/5 - 7/9 5: 7/12 - 7/16 6: 7/19 - 7/23 7: 7/26 - 7/30	<b>DAYS</b> <i>(Choose ALL or selected days)</i>  ALL OR M T W R F	<b>HOURS</b> <i>(Choose selected hours)</i>  <b>OPTION A</b> 9AM- 1PM  -OR- <b>OPTION B</b> 9AM - 3PM	<b>AMOUNT DUE**</b>  <b>OPTION A</b> \$180/WEEK (\$40/DAY)  <b>OPTION B</b> \$230/WEEK (\$50/DAY)  + <b>REG'N FEE</b> \$100/CHILD
<b>TOTAL DUE</b>	-	-	-	

\*\* Note: Full payment is due by no later than June 4, 2010. Checks should be made payable to the Hellenic American Academy. Please turn this form and your check into the School's Front Office.

