

Camp Saint Andrew!

Greek Orthodox Summer Camp
June 28-July 1 (Monday-Thursday)
9:00AM-12:00PM
Ages 5-12



What to expect?

Learning about our faith, music, games, crafts,
sports, friends, and fun!

Please fill out the form through [the link here](https://forms.gle/6zuBBPzB4JiRSqKR6)

(Link: <https://forms.gle/6zuBBPzB4JiRSqKR6>)

or you can pick up a registration form outside of the church office.

Cost is \$20/child due 6/20/21.

Click to [Pay Summer Camp](https://www.paypal.com/donate?hosted_button_id=5Z3VRSLKBY3UC&source=url)

(Link https://www.paypal.com/donate?hosted_button_id=5Z3VRSLKBY3UC&source=url)

For more information and to volunteer to help with the camp
contact Athina Vella at amv1823@gmail.com.

Saint Andrew Summer Camp June 28-July1

2021 REGISTRATION FORM

Please complete one form per family and return it with full payment.

Mail to:

Saint Andrew, Attn: Summer Camp, 1447 Sussex Tpk. Randolph, NJ 07869

1ST CHILD'S NAME _____ AGE _____ GRADE IN SEPT: _____ T-SHIRT SIZE: _____
LAST FIRST

2ND CHILD'S NAME _____ AGE _____ GRADE IN SEPT: _____ T-SHIRT SIZE: _____
LAST FIRST

3RD CHILD'S NAME _____ AGE _____ GRADE IN SEPT: _____ T-SHIRT SIZE: _____
LAST FIRST

4TH CHILD'S NAME _____ AGE _____ GRADE IN SEPT _____ T-SHIRT SIZE:: _____
LAST FIRST

(T-SHIRT SIZES RANGE FROM YOUTH SMALL THROUGH ADULT LARGE)

MOTHER'S NAME _____

ADDRESS _____ CITY, STATE ZIP _____

DAY PHONE _____ EVENING PHONE _____

CELL PHONE _____ E-MAIL _____

FATHER'S NAME: _____

CELL PHONE _____ E-MAIL _____

EMERGENCY CONTACTS IN CASE WE CANNOT REACH EITHER PARENT

NAME _____ PHONE _____

NAME _____ PHONE _____

PLEASE CONTINUE ON OTHER SIDE

SUMMER CAMP 2021 REGISTRATION FORM ... CONTINUED

HEALTH SECTION: PLEASE BE SURE TO SUPPLY COMPLETE INFORMATION FOR ALL THE CHILDREN THAT YOU ARE REGISTERING. ATTACH ANOTHER SHEET OF PAPER IF NECESSARY.

DOCTOR'S NAME & PHONE NUMBER

HOSPITAL TO BE TRANSPORTED TO

ANY ALLERGIES WE SHOULD KNOW ABOUT? PLEASE SPECIFY FOR EACH CHILD:

CHILD'S NAME

CHILD'S NAME

CHILD'S NAME

CHILD'S NAME

ANY OTHER MEDICAL CONDITIONS WE SHOULD BE AWARE OF? PLEASE SPECIFY FOR EACH CHILD:

CHILD'S NAME

CHILD'S NAME

CHILD'S NAME

CHILD'S NAME

FEE MUST BE INCLUDED WITH REGISTRATION FORM.

\$20 PER CHILD X _____ CHILDREN = \$ _____ TOTAL AMOUNT DUE

MAKE CHECK PAYABLE TO SAINT ANDREW
REGISTRATION FORMS & FULL PAYMENT MUST BE RECEIVED BY JUNE 20TH

FOR OFFICE USE:	DATE PAID	AMOUNT REC'D	CASH	CHECK #
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**PLEASE SEND YOUR CHILD TO CAMP EACH DAY
WITH SUNSCREEN ON, A SNACK, AND DRINKS**