



HELLENIC AMERICAN ACADEMY

Affiliated with Holy Trinity Hellenic Orthodox Church of Chicago

SOCRATES HELLENIC AMERICAN DAY SCHOOL SUMMER PROGRAMS REGISTRATION FORM

2010 ENRICHMENT COURSES

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 ENRICHMENT COURSES

| 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

FATHER OR GUARDIAN INFORMATION

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ ZIP: _____

CITY: _____ ZIP: _____

HOME PHONE: _____

HOME PHONE: _____

CELL PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

WORK PHONE: _____

OCCUPATION: _____

OCCUPATION: _____

EMAIL: _____

E-MAIL: _____

PLEASE PRINT

PLEASE PRINT

EMERGENCY CONTACTS

NAME: _____

NAME: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

DAY PHONE: _____

DAY PHONE: _____

CELL PHONE: _____

CELL PHONE: _____

HEALTH INFORMATION

PRIMARY DOCTOR: _____

PHONE: _____

| CHILD'S NAME | TAKING ANY PRESCRIPTION MEDICATIONS? (list) | SPECIAL HEALTH CONSIDERATIONS/ISSUES <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 and field trips 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 designated field trip locations, 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 also authorize my child to use the School computers and access the Internet subject to the HAA Computer Use & Internet Policy which I have read and discussed with my child as appropriate. (Copies of the HAA Computer Use & Internet Policy are available in the School's main office.)

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

| June 2010 | | | | | | | July 2010 | | | | | | | |
|-----------|----|----|----|----|----|----|-----------|----|----|----|----|----|----|---|
| M | Tu | W | Th | F | Sa | Su | M | Tu | W | Th | F | Sa | Su | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | | | | 1 | 2 | 3 | 4 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | |
| 28 | 29 | 30 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | | |

Registration Deadline: May 21st, 2010
 A \$100 credit per student will apply for registrations received by 5/21

Mark with an [X] the week and course each student is registering for.

1 week equals 1 unit per student.

| Student Name | Around The World in 20 Days ¹ | | | | Sailing the Greek Isles | | | | Space Odyssey 2010 | | | | Time Traveler: Greece | | | | Shakespeareopoulos ² | | | |
|---|--|-------------------|------------------|-----------------|-------------------------|------------------|-----------------|-------------------|--------------------|-------------------|-----------------|-------------------|-----------------------|-------------------|-----------------|-------------------|---------------------------------|-------------------|-------|---------------|
| | Ages 7 - 14 (2 groups) | | | | Ages 7 - 10 | | | | Ages 10 - 14 | | | | Ages 10 - 14 | | | | Ages 8 - 14 | | | |
| 1 | June 14 - June 18 | June 21 - June 25 | June 28 - July 2 | July 5 - July 9 | June 21 - June 25 | June 28 - July 2 | July 5 - July 9 | July 12 - July 16 | July 19 - July 23 | July 26 - July 30 | July 5 - July 9 | July 12 - July 16 | July 19 - July 23 | July 26 - July 30 | July 5 - July 9 | July 12 - July 16 | July 19 - July 23 | July 26 - July 30 | Units | |
| mark here for 1-3 pm Sports Camp at \$35/wk | | | | | | | | | | | | | | | | | | | | count 4 units |
| 2 | | | | | | | | | | | | | | | | | | | | count 4 units |
| mark here for 1-3 pm Sports Camp at \$35/wk | | | | | | | | | | | | | | | | | | | | count 4 units |
| 3 | | | | | | | | | | | | | | | | | | | | count 4 units |
| mark here for 1-3 pm Sports Camp at \$35/wk | | | | | | | | | | | | | | | | | | | | count 4 units |
| 4 | | | | | | | | | | | | | | | | | | | | count 4 units |
| mark here for 1-3 pm Sports Camp at \$35/wk | | | | | | | | | | | | | | | | | | | | count 4 units |

¹ Includes a field trip. Separate costs may apply. Other courses may add field trips.
² Participation in all four weeks is required. 4 units

Registration Fee: \$100 per student. Non refundable.
Course costs: \$195 per unit for the first 8 units, plus materials fees. Lunch included.
 \$170 per unit for units above 8, plus material fees. Lunch included.
 Materials fees are \$10 per unit for all courses except Shakespeareopoulos!

Total Units: _____
 (1 week = 1 unit per student)

Total Sports Camp weeks: _____

Total Cost:

Registration fees: No of students: _____ x \$100 = _____

No of units (up to the first 8 units) : _____ x \$195 per unit = _____

No of units (only the no. above 8): _____ x \$170 per unit = _____

Materials fees: (Total Units except Shakespeareopoulos!) _____ x \$10 per unit = _____

Total weeks of 1 to 3 pm Sports Camp _____ x \$35 per week = _____

Questions: Contact the Accounting Office at 847-317-1063 x204 or by email at accounting@haaemail.net
 Please make checks payable to the **Hellenic American Academy** and submit the form with a payment to the School's Front Office.

TOTAL: \$ _____