



Noah's Ark and God's Promise

VACATION BIBLE SCHOOL – 2017
JUNE 12-16 9:00am – 12 noon
HOLY TRINITY GREEK ORTHODOX CHURCH
13555 HILLCREST RD.
AGES 5-10

We welcome your children (ages 5-10) to Vacation Bible School for a special week of learning about Noah's Ark and God's Promise! We'll have special crafts, music, snack time and fun! Please complete and detach the application below and return it with the Release Form to the church office by **May 21st**. There is no fee, but any donations are appreciated. We look forward to sharing this week of fellowship, fun and learning with your children. Please contact Sheila if you are able to join us and help teach and/or bring refreshments. Thank you!

Father Christopher Constantinides 972-991-1166
frchristopher@holytrinity.info

Father Peter Kostakis 972-991-1166
frpeter@holytrinity.info

Anne-Marie Cariotis 214-343-1405
a-m.cariotis@sbcglobal.net

Sheila Dolmas 214-808-4982
sheiladolmas@hotmail.com

Vanessa Stevens 214-697-2707
mvstevens1@gmail.com

Please return this application by May 21st to the church office or mail it to HOLY TRINITY GREEK ORTHODOX CHURCH 13555 HILLCREST RD. or email it to Sheila at sheiladolmas@hotmail.com Thank you.

Vacation Bible School Application – 2017

Parents Name _____

Parents Email _____

Home Phone _____ Cell Phone _____

Caregiver Name/phone (if applicable) _____

Emergency Contact name/phone _____

Child's Name	Age	Grade entering in Fall 2017
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have special needs? Yes/No

Does your child have any allergies? (Food or other) Yes/No

If yes, please explain how we can help. Would you be willing to stay and help?

(please feel free to email or call Vanessa, Anne-Marie or Sheila)

Address _____

Please check any of the following areas in which you would be interested to help.

_____ refreshments _____ general assistant _____ teacher _____ crafts

VACATION BIBLE SCHOOL RELEASE FORM
LIABILITY WAIVER FORM

I/We the parent(s) or legal guardian(s), in recognition of the possible dangers to my child, hereby knowingly and voluntarily waive any right or cause of action of any kind against the members, directors, agents, employees of the Greek Orthodox Archdiocese of America, the Greek Orthodox Diocese of Denver, Holy Trinity Greek Orthodox Church of Dallas my local parish and Staff for any personal injury that may occur at or during the Vacation Bible School, June 12,13,14,15 and 16, 2017.

I hereby understand that the Greek Orthodox Archdiocese of America has limited medical insurance. Any medical expenses that my child may incur due to personal injury or illness is my financial responsibility and not that of the Greek Orthodox Archdiocese of America, the Greek Orthodox Diocese of Denver or the directors, agents, employees, staff and members of these organizations.

Signature of Parent or Guardian

Date