

**KIMISIS TIS THEOTOKOU
GREEK ORTHODOX CHURCH OF THE HAMPTONS
GREEK LANGUAGE SUMMER CAMP
REGISTRATION FORM**

PROGRAM

DATES: AUGUST 2ND - 6TH, 2010

AGES: HOPE & JOY 4 - 11 YEARS OLD / GOYA 12 - 17 YEARS OLD

INSTRUCTORS: ALL INSTRUCTORS ARE FLUENT GREEK SPEAKERS, 18 YEARS OF AGE OR OLDER WITH TEACHING/CAMP COUNSELING EXPERIENCE.

ACTIVITIES: EACH DAY, CAMPERS WILL PARTICIPATE IN FOUR "ROUNDS". ROUNDS WILL INCLUDE ATHLETICS, COOKING, GREEK MUSIC (SINGING AND DANCING), AND ART PROJECTS. IN ADDITION TO THESE, CAMPERS WILL HAVE A WHOLE GROUP MEETING IN THE MORNING, INTRODUCING THE THEME OF THE DAY, EAT LUNCH, AND PARTICIPATE IN CLEAN UP/WRAP UP SESSION AT THE END OF THE DAY.

METHOD: THE EMPHASIS OF THE GREEK LANGUAGE SUMMER CAMP PROGRAM IS CONVERSATIONAL GREEK TAUGHT BY IMMERSION. INSTRUCTION WILL TAKE PLACE IN GREEK WITH HEAVY EMPHASIS ON CONTEXTUAL CLUES. BY PARTICIPATING IN SUMMER CAMP PROGRAM TAUGHT IN GREEK, PARTICIPANTS WILL INCREASE THEIR COMPREHENSION AND VERBAL GREEK LANGUAGE SKILLS.

DAILY SCHEDULE

9:00AM.....	WHOLE GROUP MORNING MEETING (THEME OF THE DAY/STORY)
9:30AM.....	GROUP ACTIVITIES (ROUND I)
10:45AM.....	GROUP ACTIVITIES (ROUND II)
12:00PM.....	LUNCH/RECESS
1:00PM.....	GROUP ACTIVITIES (ROUND III)
2:15PM.....	GROUP ACTIVITIES (ROUND IV)
3:30PM.....	CLEAN UP & WHOLE GROUP CLOSING MEETING
4:00PM.....	DISMISSAL

REGISTRATION

FEE: \$265.00 (PLEASE MAKE CHECKS PAYABLE TO THE GREEK ORTHODOX CHURCH OF THE HAMPTONS)

REQUIREMENTS: COMPLETE REGISTRATION FORM AND SUBMIT TO CHURCH OFFICE

DEADLINE: REGISTRATION MUST BE RECEIVED BY JULY 26TH, 2010

NO KNOWLEDGE OF GREEK OR PRIOR INSTRUCTION OF GREEK LANGUAGE REQUIRED! ALL ARE WELCOME!

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CAMPER INFORMATION

NAME: _____
LAST FIRST MIDDLE

GRADE (MOST RECENTLY COMPLETED): _____ DATE OF BIRTH: ____/____/____

PARENT/GUARDIAN INFORMATION (PLEASE COMPLETE FOR PRIMARY CONTACT PERSON)

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
HOUSE # STREET CITY/STATE ZIP

EMAIL: _____ TELEPHONE: _____
MAIN MOBILE

EMERGENCY INFORMATION

PEDIATRICIANS NAME AND PHONE NUMBER: _____

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? YES NO IF YES, PLEASE SPECIFY _____

IS YOUR CHILD ALLERGIC TO ANY OF THE FOLLOWING: BEE STINGS? INSECT BITES?

POISON IVY? PARTICULAR MEDICATIONS? OTHER? IF YES, PLEASE SPECIFY _____

SHOULD YOUR CHILD'S ACTIVITIES BE RESTRICTED IN ANY WAY? YES NO

IF YES, PLEASE SPECIFY _____

EMERGENCY CONTACT PERSON: _____
FIRST LAST

_____ MAIN PHONE # MOBILE PHONE # EMAIL

CONSENT

WITH THIS FORM, I GIVE CONSENT FOR MY CHILD, NAMED ABOVE, TO PARTICIPATE IN THE GREEK LANGUAGE SUMMER CAMP PROGRAM OF THE GREEK ORTHODOX CHURCH OF THE HAMPTONS.

PLEASE PRINT YOUR NAME _____
FIRST LAST

PLEASE SIGN AND DATE _____ / ____ / ____