



# Greek School Registration 2017-2018

**CHECKS (made out to *Sts C & H Greek School*) AND FORMS MUST BE MAILED TO CHURCH OFFICE**  
**CREDIT CARD/CASH PAYMENTS MUST BE MADE TO CHURCH SECRETARY FOR RECEIPT**  
**ONLINE PAYMENT IS ALSO AVAILABLE THROUGH OUR WEBSITE**  
**(CHOOSE FUND: "Greek School")**

Student's Name (Last, First)	Date of Birth	English Grade	Greek Level (Assigned by staff)	Yearly Tuition
1 <sup>st</sup>	/ /			\$375.00
2 <sup>nd</sup>	/ /			\$325.00
3 <sup>rd</sup>	/ /			\$250.00
4 <sup>th</sup>	/ /			\$200.00
<b>Book Fee</b>			<b>\$25 per student</b>	+
<b>Late Registration Fee*</b>	*Added only if you enroll after <b>September 5th</b>		* <b>\$10.00</b>	+
			Total Amount	\$

*Book Deposit is \$25 per student. Due with 1<sup>st</sup> semester tuition.*

FEES / REGISTRATION	DATES			
<b>TUITION FEES (see above) + BOOK FEE DEPOSIT + LATE FEES (if applicable)</b>	<b>Due Date</b>	<b>Date Paid</b>	<b>Total Paid</b>	<b>Cash/Check #</b>
<b>Semester 1 Tuition</b>	<b>September 5th</b>			
<b>Semester 2 Tuition</b>	<b>January 16th</b>			

By signing below, I certify that my child(ren) have my permission to attend the **Greek Language School (GLS)** program sponsored at  
**Sts. Constantine & Helen Greek Orthodox Church.**

**I agree to the following per my signature below:**

- Failure to pay balance after the first month of the semester may lead to termination.
- Financial aid is available. Please consult with Father Theologos Pandelis or the GLS administration for details.
- If my child(ren) are sick at the time of a class, they will not attend that class.
- I give permission to the instructors of GLS to authorize any emergency medical treatment needed.
- I understand that if my child(ren) is/are involved in any major infraction of the rules of GLS, their actions could possibly lead to dismissal/suspension, of which the parent(s) could still be liable for all tuition costs.

<b><u>Print Name of Parent(s) or Guardian(s) *</u></b>	<b><u>Signature &amp; Date *</u></b>
<b><u>Address, City &amp; Zip *</u></b>	<b><u>Phone Numbers</u></b> Home: (     )     - Cell: * (     )     - <b><u>Email address:</u></b>
<b><u>Emergency Contact, if parents are unreachable</u></b> Phones (home/cell/work – please specify)	

Medication(s)	Allergy(ies)

*List any medication(s) and/or allergy(ies) above. All prescriptions must be in original container, labeled, placed in a re-closable plastic bag, and given to the class instructor prior to the start of sessions.*