



ΕΛΛΗΝΙΚΟ ΣΧΟΛΕΙΟ Ο ΤΙΜΙΟΣ ΣΤΑΥΡΟΣ
HOLY CROSS GREEK SCHOOL

Registration through October 30, 2009

Our school year has started, and enrollment will close October 30, 2009!

The Holy Cross Greek School offers several programs of Greek language instruction. Our selection of classes teach Greek language skills, history and culture to English and Greek-speaking students.

- One-day-a-week classes
- Two-day-a-week classes (2 programs)
- Adult instruction (2 classes)
- Preparation classes for Greek Language Certification Exam

Our newest addition, “Summer Camp”, is part of our expanded program.

Click on “Programs” on the website for more details and schedules for each program.

Registration forms can be found below. Complete the registration form and return it to the Greek School office or mail to:

Theodora Kounalakis
3198 La Mesa drive
San Carlos, Ca 94070

Please note: tuition payment is required with registration.

If you have any questions, please don't hesitate to contact me at 650.594.9585

Regards,

Theodora Kounalakis

Director



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HOLY CROSS GREEK SCHOOL
 2009-2010 Registration Form

Office use only
 Assigned Class:
 Assigned Teacher:
 Payment info:
 #Siblings in Program:
 Family Rep:

Student's Last Name _____ First Name _____ Birthday ___/___/___
 Address _____ City & Zip _____
 Mother's Name _____ Father's Name _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 E-mail (this will be used as primary form of communication) _____

Please check here if you do not wish your information to be shared or printed for the Greek School community use only.

I would like to be involved in the Parent Teacher Organization (PTO) _____ Parent name _____

Emergency Contacts: (during Greek School hours)

Name _____ Phone _____

Name _____ Phone _____

Physician's Name _____ Phone _____

Insurance Carrier _____

Please list ALL medical conditions your child's teacher should be made aware of (e.g diabetes, epilepsy, allergies, hyper activity, heart conditions etc.) Also, please list ALL medications your child is currently taking and for what condition _____

WAIVER OF RESPONSIBILITY--- I AUTHORIZE THE STAFF OF THE HOLY CROSS GREEK SCHOOL TO CALL AN AMBULANCE FOR MY CHILD IN CASE OF AN ACCIDENT OR ACUTE ILLNESS & TO ALLOW FOR POSSIBLE EMERGENCY MEDICAL AND SURGICAL CARE IN CASE HIS/HER DOCTOR OR I AM NOT AVAILABLE.

Parent/Guardian Signature _____

TUITION: Includes PTO membership & class books and covers the entire academic year (except for adult instruction, which is per semester). Payment is due by **September 25th, 2009**. A late fee of \$35.00 will be assessed after the due date. Please indicate appropriate program below.

Athena Program Mon/Tue 4:00-6:00
Member/Non-Member
 First child: \$650/700
 2 Children: \$1275/1325
 3 Children: \$1875/1925

Koraes Program Thu/Fri 4:30-6:30
Member/Non-Member
 First child: \$650/700
 2 children: \$1275/1325
 3 children: \$1875/1925

Phevos Program Wed 4:30-6:30
Member/Non-Member
 First child: \$350/400
 2 children: \$675/725
 3 children: \$975/1025

Adult Program Tue 4:45-6:00
 or Wed 5:00-7:00
Adult instruction begins October 6th and 7th
Member/Non-Member
 Per Semester: \$300/350 (books cost extra)

Certification Program Instruction will begin at the end of the 2nd trimester

Donations (tax deductible)
 \$50 \$100 \$200 Other _____
 Please indicate:
 Unrestricted Donation
 To be used towards Student financial Aid

Total amount enclosed:
 Tuition _____
 Donation _____
 Total _____
 CHECK or CASH (preferred method of payment)
 CREDIT CARD (full payment only / notify Greek School)