



ΕΛΛΗΝΙΚΟ ΣΧΟΛΕΙΟ Ο ΤΙΜΙΟΣ ΣΤΑΥΡΟΣ
HOLY CROSS GREEK SCHOOL
 2010-2011 Registration Form

Office use only Assigned Class: Assigned Teacher: Payment info: #Siblings in Program: Family Rep:
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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). Early registration : **Now through August 15th, 2010**. Payment is due by **September 30th, 2010**. Please indicate appropriate program below.

<input type="checkbox"/> ATHENA Program Mon/Tue 4:30-6:30
<u>Member/Non-Member</u>
First child: \$650/700
2 Children: \$1275/1325
3 Children: \$1875/1925

<input type="checkbox"/> KORAES Program Thu/Fri 4:30-6:30
<u>Member/Non-Member</u>
First child: \$650/700
2 children: \$1275/1325
3 children: \$1875/1925

<input type="checkbox"/> PHEVOS Program Wed 4:30 - 6:30
<u>Member/Non-Member</u>
First child: \$350/400
2 children: \$675/725
3 children: \$975/1025

<input type="checkbox"/> ADULT Program Tue 5:00 - 6:30 or Wed 5:00-7:00
<i>Adult instruction begins October 6th and 7th</i>
<u>Member/Non-Member</u>
Per Semester:\$300/350 (books cost extra)

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

<input type="checkbox"/> Please indicate if you are interested in our summer camp program
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Tuition amount paid \$ _____ CHECK CASH
 Donations (tax deductible) \$50 _____ \$100 _____ \$200 _____ Other \$ _____ CHECK CASH
 Please indicate: Unrestricted Donation _____ or to be used towards Student financial Aid only _____