



**ΕΛΛΗΝΙΚΟ ΣΧΟΛΕΙΟ Ο ΤΙΜΙΟΣ ΣΤΑΥΡΟΣ  
HOLY CROSS BELMONT GREEK SCHOOL  
900 Alameda, Belmont, CA 94402**

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

**2011-2012 Registration Form**

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 15<sup>th</sup>, 2011**. Payment is due by **September 30<sup>th</sup>, 2011**. Please indicate appropriate program and send to the address listed above.

**ATHENA Program** Mon/Tue 4:30-6:30  
Member/Non-Member  
First child: \$815/875  
2 Children: \$1595/1655  
3 Children: \$2345/2405

**KORAES Program** Thu/Fri 4:30-6:30  
Member/Non-Member  
First child: \$815/875  
2 children: \$1595/1655  
3 children: \$2345/2405

**PHEVOS Program** Wed 4:30 - 6:30  
Member/Non-Member  
First child: \$435/500  
2 children: \$845/910  
3 children: \$1220/1285

**ADULT Program** Tue 5:00 - 6:30  
or Wed 5:00-7:00  
*Adult instruction begins October 4<sup>th</sup> and 5<sup>th</sup>*  
Member/Non-Member  
Per Semester:\$375/440 (books cost extra)

**Certification Program** Instruction will begin **October, 14<sup>th</sup> 2011**

**Please indicate if you are interested in our summer camp program**

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 \_\_\_\_\_