

Holy Trinity Greek Afternoon School
10 Mill Road, New Rochelle, NY 10804

(date)

Dear Holy Trinity,

We have enrolled our child/children in the Greek Afternoon School Program for the School Year 2023 to 2024.

We are paying our Registration today. We will be paying our Tuition as follows:

___ Registration only \$ _____

___ Full Payment at Registration \$ _____

___ Half payment at Registration Time \$ _____
or by September 9th

___ Balance Half Payment by January 13th \$ _____

1. **No refunds will be made** after the first two (2) weeks of Greek School. ___ (Parent's Initials)
2. **A student will not** receive a Certificate of Promotion or Graduation Diploma, if tuition is not paid in full by May 31st. ___ (Parent's Initials)
3. **Early registration discount expires on June 30th. After July 1st, the registration fee will increase by \$50.**

First Day of Classes; Friday, September 22nd, 2023

Classes meet on Tuesdays and Fridays from 5 p.m. to 6:30 p.m.

8th grade meets Tuesdays 5-7 p.m. and Fridays 5.30-6.30 p.m.

Registration + Book Fees & Supplies are \$105 per child for members and \$120 per child for non-members. Tuition for the school year 2023-2024 is as follows:

	<u>Parish Members:</u>	<u>Non Members:</u>
First child:	\$750	\$1,000
Each additional child:	\$650	\$850

Please Note: 50% Greek School tuition must be paid by September 9th and the balance by January 13th.

I give my permission to charge both of these payments, on their due dates. _____ (Parents' Initials)

Credit Card _____ Exp. date _____

Parish Representative

Signature of Parent or Guardian