

Greek School Registration Form

1. Registration Form for Students of Pre-Kindergarten through Regents Level
2. Classes meet promptly on Tuesdays and Fridays, from 5 p.m. until 6:30 p.m.
8th grade meets on Tuesdays 5-7 p.m. and Fridays 5.30-6.30 p.m.
3. Remember: Your "Stewardship" must be current for 2023 in order to register your child.
4. By completing and submitting this registration form, I give my consent for the school to capture and use photographs of my child for educational and promotional purposes, which may include school publications, websites, social media platforms, and other related materials.

Student's Name: English: _____ Grade _____

Greek: _____

Student's Date of Birth _____

Second Student's Name: English: _____ Grade _____

Greek: _____

Student's Date of Birth _____

Third Student's Name: English: _____ Grade _____

Greek: _____

Student's Date of Birth _____

Home Address: _____
House number, Street, City, State, Zip Code

Phone: Home: _____ E-mail Address: _____

Business: Mother: _____ Mother's Cell Phone: _____

Business: Father: _____ Father's Cell Phone: _____

Parent's Names: _____

I wish to serve as a classroom volunteer.

Church Membership Number: _____

Registration Fee: (Amount) _____ for _____ students. Registration paid on: _____

(X) by check number _____ Amount on check _____

(X) by cash Amount paid: _____

(x) by credit card Amount paid: _____