

2018-2019 GREEK SCHOOL REGISTRATION

2018- 2019 ΑΙΤΗΣΗ ΕΓΓΡΑΦΗΣ ΕΛΛΗΝΙΚΟΥ ΣΧΟΛΕΙΟΥ

Name of student

Όνομα μαθητή _____
English (Last, First) _____ Ελληνικά (Επίθετο, Όνομα) _____

Address (Διεύθυνση) _____

Date of birth (ημερομηνία γεννήσεως) _____ Home phone (τηλέφωνο σπιτιού) _____

Parent's email

ηλεκτρονική διεύθυνση _____

Father's Name

Όνομα πατέρα _____

Father's cell phone

Κινητό τηλέφωνο πατέρα _____

Mother's name

Όνομα μητέρας _____

Mother's cell phone

Κινητό τηλέφωνο μητέρας _____

Student's grade in American School

Τάξη μαθητή/τριας στο Αμερικάνικο Σχολείο _____

Τάξη μαθητή/τριας στο Ελληνικό Σχολείο

Τάξη μαθητή/τριας στο Ελληνικό Σχολείο _____

Tuition Fees - Δίδακτρα

First Child - Πρώτο Παιδί: \$675

Second Child - Δεύτερο Παιδί: \$600

Third Child - Τρίτο Παιδί: \$550

*Grades 7th & 8th - 7^η και 8^η τάξη: \$325

The tuition amount includes books, PTO membership, the school emblem, new security guard, and all Greek School events.

Registration must be completed and paid in full by 6/30/18 otherwise an additional service fee of \$50 will be charged per student. Due to limitations for each class registration accepted on "first come first basis".

Greek School will begin on Monday, September 10th and is held twice a week on Mondays and Wednesdays from 4:30-6:30 p.m., for pre-k(3) through 6th grades. In order for students to attend the pre-k (3) class, they must have reached their 3rd birthday by October 1, 2018. We will continue to offer this class, if enough children register. The curriculum encompasses the Greek Language, Reading, Writing, Speaking, History, Religion, Ecclesiastical Hymns, and Geography of Greece.

*If enough families register, we will also offer grades 7th & 8th which will be held on Fridays from 4:30-6:30 p.m., and will prepare students for the NY Regents Exam in Modern Greek and the Certificate of attainment in Greek.

All Greek School students must be children of families who are stewards in good standing of St. Athanasios Greek Orthodox Church for the 2018 calendar year. Tuition must be paid in full at time of registration together with stewardship commitment, unless prior arrangements have been made.

Το Ελληνικό Σχολείο θα ξεκινήσει στις 10 Σεπτεμβρίου 2018. Όλες οι οικογένειες που έχουν παιδιά στο Ελληνικό Σχολείο, θα πρέπει να πληρώνουν την εγγραφή εις το ακέραιο. Παράλληλα θα πρέπει να έχουν εκπληρώσει εις το ακέραιο το ποσό της εκούσιας Χριστιανικής Συνεισφοράς που έχουν υποσχεθεί στην εκκλησία για το 2018.

HEALTH HISTORY AND MEDICAL RELEASE
(Please complete all sections and sign at bottom)

HEALTH HISTORY (Please check)

<u>Disease</u>	<u>Allergies</u>	<u>Chronic or Recurring Illness</u>
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hay Fiver	<input type="checkbox"/> Ear Infection
<input type="checkbox"/> Measles	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> German Measles	<input type="checkbox"/> Drugs (specify)	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Mumps	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Diabetes
	<input type="checkbox"/> Ivy, Oak, etc.	<input type="checkbox"/> Fainting
	<input type="checkbox"/> Foods (specify)	

Does the child require regular medication? Yes No Please specify _____

Does the child have severe allergies? Yes No If yes EPIPEN must be given to the teacher in the box with child's name.

Date of last Tetanus Shot: _____ *****MANDATORY*****

Specify dietary or activity restrictions: _____

Parent/ Guardian: Received snack approved list for the Greek School. Yes No

Family Physician: _____

Address: _____

Telephone: _____

Alternate Emergency Contact: _____

Address: _____

Telephone: _____

In the event that I can not be reached, I give permission for the adult in charge to take my child _____, to a qualified licensed physician or to a nearby hospital for necessary treatment.

Signature of Parent/Guardian

For Office Use Only

Tuition Date Paid _____

Stewardship Pledge Date Paid _____