

GREEK SCHOOL REGISTRATION FORM

2012-2013 SCHOOL YEAR

ST. SPYRIDON GREEK ORTHODOX CHURCH, NEWPORT, RI

DATE RECEIVED: _____

FEE RECEIVED: _____

Registration Information: All families, new and returning, please complete this registration form. If registering more than one student, complete only one form per family. Please bring your completed form along with the registration fee to the Greek School registration table during coffee hour on Sunday, September 2nd or mail your completed form and registration payment to the church prior to September 7th to the following address: St. Spyridon Church, PO Box 427, Newport, RI 02840, Attn: Thanasis Stefanopoulos, Greek School. ***Classes begin the week of September 10th.***

Registration Fee (*applicable only to children of pledging families of a GOC*): \$100 per student (consists of a \$75 registration fee & a \$25 book fee, \$200 maximum fee per family). \$50 per Pre-K student (for the one-hour class w/ no book fee). Please make checks payable to: St. Spyridon Greek Orthodox Church. Reference Greek School on the memo line.

Student 1

Name: _____ DOB: _____ Grade (as of 9/10/12): _____

Όνομα (Ελληνικά)/Formal Greek Name: _____ Name Day: _____

Student 2

Name: _____ DOB: _____ Grade (as of 9/10/12): _____

Όνομα (Ελληνικά)/Formal Greek Name: _____ Name Day: _____

Student 3

Name: _____ DOB: _____ Grade (as of 9/10/12): _____

Όνομα (Ελληνικά)/Formal Greek Name: _____ Name Day: _____

Parents' Names (First and Last Names): _____

Home Address:

Street Address

City/Town

State

Zip Code

Home Phone: _____ Mobile Phone(s): _____

Email: _____ 2nd Email: _____

(used for Greek School news and notices only)

Emergency Contact: In case of an emergency, and in the event parents cannot be reached, whom may we call?

Name: _____ Phone Number(s): _____ Relationship to student(s): _____

I am a pledging member of a Greek Orthodox Church and I give my child/children permission to attend the Greek School at the church facilities. In the event that neither I, nor my spouse, or specified emergency contact can be reached in an emergency, I give permission to arrange emergency transportation and/or hospital treatment, if such treatment seems indicated.

Parent Signature: _____ **Date:** ____ / ____ / ____