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 18th or mail your completed form and registration payment to the church prior to September 19th, 2022 to the following address: St. Spyridon Church, PO Box 427, Newport, RI 02840, Attn: Protulis Greek Language School.
Classes begin the week of Monday, September 19th, 2022 and End on Sunday, June 11th, 2023.

Registration Fee: *(applicable only to children of pledging families of a GOC):* $100 per student *(consists of a $75.00 registration fee & a $25.00 book fee, $200.00 maximum per family)*. Please make checks payable to: St. Spyridon Greek Orthodox Church. Reference "Protulis Greek Language School" on the memo line.

Student 1
Name: _____ DOB: _____ Grade (as of 9/13/22): _____

Όνομα (Ελληνικά)/Formal Greek Name: _____

Name Day: _____

Student 2
Name: _____ DOB: _____ Grade (as of 9/13/22): _____

Όνομα (Ελληνικά)/Formal Greek Name: _____

Name Day: _____

Student 3
Name: _____ DOB: _____ Grade (as of 9/13/22): _____

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 _____Other:_____

Email: _____ 2nd Email:_____
(used for Greek School news and notices only)

☐ I give permission for photographs of my child(ren) to be put on the church Facebook page, website, etc.

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 Protulis Greek Language School at St. Spyridon Greek Orthodox Church 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: ____/_____/_____