

# Ελληνικό Σχολείο

Greek School Registration 2008-2009

Sts. Constantine & Helen Greek Orthodox Church

71 Chandler Road, Andover, MA 01810, Tel. 978-470-0919



Greek School

Child's/Children's Names

Last Name

First Name

Birth Date

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Family Name \_\_\_\_\_

Mother \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email \_\_\_\_\_

Name and phone number of emergency contact \_\_\_\_\_

I am a member in good standing of this Church \_\_\_\_\_.

I am interested in helping with Greek school activities \_\_\_\_\_.

My child does not speak any Greek \_\_\_\_\_. My child speaks some Greek \_\_\_\_\_.

My child was in grade \_\_\_\_\_ of Greek school last year (2007 - 2008).

## **Registration & Tuition Policy**

- Registration and Tuition for the entire year must be paid before the first day of class.
- Non-Church members will be required to pay a \$60 surcharge per student per year.
- Families with three or more children in Greek School will be required to pay only \$50 per additional child. (*i.e., two children must pay full tuition. Third child only \$50*)
- Children must be **four years old** by the beginning of Greek school classes. No exceptions.

**Tuition of \$240.00 payable by September 30, 2008.** (Make checks payable to Sts. Constantine & Helen Church.)

Tuition Paid on \_\_\_\_\_ (Date Received)