Sts. Constantine and Helen Cardiff-by-the-Sea Greek Language School Youth Registration Form 2022-2023

<u>All students</u>, new and returning, are required to complete this registration form before Greek School begins on Sat., October 1, 2022. Tuition is \$325.00 for the first child, \$300.00 for the second, \$275.00 for each additional child.<u>Note</u>: Book fees are: TBD per class.

General Parent's Information:

	Father's First Name	Mother's Fi	rst Name	Last						
Home Address:	Street/PO Box & Apt. #									
	Street/PO Box & Apt. #		City	State Zip						
H Phone:()_	Cell P	Phone (F):()	Cell Ph	one (M):()						
Email Address(Fa	ather)		@							
Email Address(M	other)		@							
In case	e of an emergency, and in	the event that neithe	er parent can be reache	ed, whom may we call?						
Name:	Relationship to child:		d:	Phone:						
1 st Student:	ïrst	Last	Date of Birth:	Age:						
Student's Name in	n Greek:		(please write in Gree	k) Grade in Public School						
New Student?	Yes NO Last grad	le completed in any G	reek Language Program	n						
Does this student	have any allergies or requi	ire any medications?	New Student? Yes NO Last grade completed in any Greek Language Program Does this student have any allergies or require any medications? Yes No Please list:							
On a scale of 1-5 j	please give us information	regarding your child ²	's Greek language abilit	ies:						
On a scale of 1-5 j Speaking	_		's Greek language abilit Comprehension_							
_	Reading									
Speaking	Reading	Writing	Comprehension	Comfort						
Speaking 2 nd Student:	Reading	_ Writing	Comprehension Date of Birth:							
Speaking 2 nd Student:	Reading	_ Writing	Comprehension Date of Birth:	Comfort Age: k) Grade in Public School						
Speaking 2 nd Student: Student's Name in New Student?	Reading	Writing	Comprehension Date of Birth: (please write in Gree reek Language Program	Comfort Age: k) Grade in Public School						
Speaking 2 nd Student:F Student's Name in New Student? [] Does this student	Reading	Writing	Comprehension Date of Birth: (please write in Gree reek Language Program YesNo	Comfort Age: k) Grade in Public School n Please list:						
Speaking 2 nd Student:F Student's Name in New Student? [] Does this student	Reading ```rst n Greek: Yes □ NO Last grad have any allergies or requi please give us information	Writing Last Last le completed in any G ire any medications? regarding your child?	Comprehension Date of Birth: (please write in Gree reek Language Program YesNo	Comfort Age: k) Grade in Public School n Please list: ies:						

3 rd Student:			Date of Birth:	Age:
Fi Student's Name in	rst Greek:	Last	(please write in Greek) Gra	ade in Public School
New Student?	Yes 🗌 NO 🛛 Last gra	de completed in any G	reek Language Program	
Does this student h	nave any allergies or req	uire any medications?	YesNo Please list:	:
On a scale of 1-5 p	lease give us information	n regarding your child's	s Greek language abilities:	
Speaking	Reading	Writing	Comprehension	Comfort
•••	••••		SE READ CAREFULLY	•••• •••
photo and or other		him/her for publication	ch the right to photograph m 1 processes; whether electron y. YesNo	
Signature		D	ate	
employees and vol property damage of personal injury, pr signing this waiver (Cardiff-by-the-Se	unteers) from any claims or death arising out of m roperty damge or death r I am freeing the Greek	s, cause of action, dama y child/children partici was caused by Greek L Language School of Sts y resulting from child/c	Language School (which incluges, losses, liabilities or expendent pation in any activities and e anguage School personnel or s. Constantine and Helen Gre hildren participation in the av	nses for any personal injury, vents, regardless of whether otherwise. I understand that eek Orthodox Church
Signature		D	ate	
Board before cla	•	do our best to make	inform your child's teach whatever accommodations	
_		eek School begins or	-	4
-	This form must be con	npleted and returned	to the Office by: Octobe	er 1, 2022

PLEASE DO NOT WRITE BELOW THIS LINE

	Class/Day & Time	Tuition	Books	Total
Child 1:				
Child 2:				
Child 3:				
Child 4:				
			Grand Total Due:	

Date paid:_____

Check #/Transaction#:_____