



Greek School classes begin September 30, 2024. All students must return enrollment form with payments.

Tuition Fees: \$325 first child, \$300 second child , \$275 third child.

**General Parent's Information:**

**Parent's Name:** \_\_\_\_\_

Father's First Name	Mother's First Name	Last
---------------------	---------------------	------

<b>Home Address:</b>			
Street/PO Box & Apt. #	City	State	Zip

**H Phone:**(     )     **Cell Phone (F):**(     )     **Cell Phone (M):**(     )

Email Address(Father) @

Email Address(Mother) @

*In case of an emergency, and in the event that neither parent can be reached, whom may we call?*

Name: Relationship to child: Phone:

**1<sup>st</sup> Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Student's Name in Greek:** \_\_\_\_\_ **(please write in Greek) Grade in Public School** \_\_\_\_\_

**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 please give us information regarding your child's Greek language abilities:**

Speaking	Reading	Writing	Comprehension	Comfort
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
10	10	10	10	10
11	11	11	11	11
12	12	12	12	12
13	13	13	13	13
14	14	14	14	14
15	15	15	15	15
16	16	16	16	16
17	17	17	17	17
18	18	18	18	18
19	19	19	19	19
20	20	20	20	20
21	21	21	21	21
22	22	22	22	22
23	23	23	23	23
24	24	24	24	24
25	25	25	25	25
26	26	26	26	26
27	27	27	27	27
28	28	28	28	28
29	29	29	29	29
30	30	30	30	30
31	31	31	31	31
32	32	32	32	32
33	33	33	33	33
34	34	34	34	34
35	35	35	35	35
36	36	36	36	36
37	37	37	37	37
38	38	38	38	38
39	39	39	39	39
40	40	40	40	40
41	41	41	41	41
42	42	42	42	42
43	43	43	43	43
44	44	44	44	44
45	45	45	45	45
46	46	46	46	46
47	47	47	47	47
48	48	48	48	48
49	49	49	49	49
50	50	50	50	50
51	51	51	51	51
52	52	52	52	52
53	53	53	53	53
54	54	54	54	54
55	55	55	55	55
56	56	56	56	56
57	57	57	57	57
58	58	58	58	58
59	59	59	59	59
60	60	60	60	60
61	61	61	61	61
62	62	62	62	62
63	63	63	63	63
64	64	64	64	64
65	65	65	65	65
66	66	66	66	66
67	67	67	67	67
68	68	68	68	68
69	69	69	69	69
70	70	70	70	70
71	71	71	71	71
72	72	72	72	72
73	73	73	73	73
74	74	74	74	74
75	75	75	75	75
76	76	76	76	76
77	77	77	77	77
78	78	78	78	78
79	79	79	79	79
80	80	80	80	80
81	81	81	81	81
82	82	82	82	82
83	83	83	83	83
84	84	84	84	84
85	85	85	85	85
86	86	86	86	86
87	87	87	87	87

• • •      • • •      • • •      • • •      • • •    • • •      • • •      • • •      • • •      • • •      • • •      • • •

**2<sup>nd</sup> Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

First Last

**Student's Name in Greek:** \_\_\_\_\_ (please write in Greek) **Grade in Public School** \_\_\_\_\_

**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 please give us information regarding your child's Greek language abilities:**

**Speaking** \_\_\_\_\_ **Reading** \_\_\_\_\_ **Writing** \_\_\_\_\_ **Comprehension** \_\_\_\_\_ **Comfort** \_\_\_\_\_

. . . . .

3<sup>rd</sup> Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

First Last

Student’s Name in Greek: \_\_\_\_\_ (please write in Greek) Grade in Public School \_\_\_\_\_

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 please give us information regarding your child’s Greek language abilities:

Speaking \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Comprehension \_\_\_\_\_ Comfort \_\_\_\_\_

... ..

Release Form – PLEASE READ CAREFULLY

I hereby grant Sts. Constantine and Helen Greek Orthodox Church the right to photograph my dependent (s) and use the photo and or other digital reproduction of him/her for publication processes; whether electronic, print, digital or electronic publishing via the Internet. This does include our school directory. Yes \_\_\_ No \_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to waive and release Saints Constantine and Helen Greek Language School (which includes its officers, teachers, employees and volunteers) from any claims, cause of action, damages, losses, liabilities or expenses for any personal injury, property damage or death arising out of my child/children participation in any activities and events, regardless of whether personal injury, property damage or death was caused by Greek Language School personnel or otherwise. I understand that signing this waiver I am freeing the Greek Language School of Sts. Constantine and Helen Greek Orthodox Church (Cardiff-by-the-Sea, CA) from any liability resulting from child/children participation in the activities and events. I certify that I hae personally read and understand the waiver.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTES:** If your child has any learning challenges, please inform your child’s teacher and the Greek School Board before classes begin. We will do our best to make whatever accommodations necessary. This information will remain strictly confidential.

Greek School begins on September 30, 2024  
This form must be completed and returned to the Office by: **October 1, 2024**

PLEASE DO NOT WRITE BELOW THIS LINE

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

Date paid: \_\_\_\_\_ Check #/Transaction#: \_\_\_\_\_