



STS. CONSTANTINE & HELEN GREEK ORTHODOX CHURCH

ΙΕΡΟΣ ΝΑΟΣ ΑΓ. ΚΩΝΣΤΑΝΤΙΝΟΥ ΚΑΙ ΕΛΕΝΗΣ

Rev. Father Ted T. Trifon · Protopresbyter

Greek Language School Registration 2007/08

Child's Full Name	Age	Date of Birth	English Grade	Semester Tuition MEMBER	Semester Tuition NON-MEMBER
				\$ 150.00	\$ 225.00
				140.00	215.00
				130.00	205.00
				0.00	175.00

Events	Date
Greek Language School Registration	Monday, 10-Sep-2007 5:30PM
Agiasmo/Start of Fall Sessions	Monday, 17-Sep-2007 5:30PM
Semester I Tuition Due Date	10-Sep-2007
Semester II Tuition Due Date	20-Jan-2008

My child(ren) have my permission to attend the **Greek Language School (GLS)** program sponsored at **Sts. Constantine & Helen Greek Orthodox Church**. I agree to the following.

- Each semester's tuition will be paid in full before the due dates. Late payments will result in an additional \$50 fee. Failure to pay balance before semester end will lead to termination.
- Financial aid is available. Please consult with Father Ted Trifon or the GLS administration for details.
- My child(ren) will not be sick at the time of each session, or they will not attend that session.
- I give permission to the instructors of GLS to authorize any emergency medical treatment needed.
- I understand that if my child(ren) is involved in any major infraction of the rules of GLS, their actions could possibly lead to dismissal/suspension, of which the parent(s) could still be liable for all tuition costs.

<i>Print Name of Parent or Guardian</i>	<i>Signature and Date</i>
<i>Address, City, & Zip</i>	<i>Phones (home/cell/work)</i>
<i>Emergency Contact, if parents are unreachable</i>	<i>Phones (home/cell/work)</i>

List any medication(s) and/or allergy(ies) below. All prescriptions must be in original container, labeled, placed in a re-closeable plastic bag, and given to the class instructor prior to the start of sessions.

<i>Medication(s)</i>	<i>Allergy(ies)</i>
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1-JUN-2007/pcc