



St. Paraskevi Greek School

1 Shrine Place, Greenlawn, NY 11740

REGISTRATION FORM

2017-2018

STUDENT INFORMATION

Child's Name: _____

Date of Birth: _____ Grade in American School: _____

Greek School Grade to attend in September: _____

Second Child's Name: _____

Date of Birth: _____ Grade in American School: _____

Greek School Grade to attend in September: _____

Third Child's Name: _____

Date of Birth: _____ Grade in American School: _____

Greek School Grade to attend in September: _____

PARENT INFORMATION

Mother's Name: _____

Father's Name: _____

Address: _____

Telephone # _____ Cell Phone# _____

E-mail address: _____

TUITION PAYMENT

First Child: \$700.00

Second Child: \$675.00

Third Child: \$650.00

**Total Tuition: _____

FOR OFFICE ONLY

Stewards of St. Paraskevi

New Student

Returning Student

MEDICAL INFORMATION

Medical Conditions or Allergies we should be aware of:

Emergency Contact Name: _____

Phone # _____ Cell Phone #: _____

Doctor's Name: _____

Phone #: _____

In the event of an emergency, I hereby authorize the personnel of St. Paraskevi to secure treatment for my child.

Print Name: _____

Signature: _____

Date: _____

**By submitting the Greek School Registration Form you understand and acknowledge that the tuition listed above is due in FULL by December 1st. The Greek School Board reserves the right to charge a late payment charge of \$50.00 for tuition not paid in FULL by this date. Any tuition assistance/adjustments will be based on an individual case basis at the discretion of the Greek School Board.