

St. George Greek Orthodox Church

GREEK SCHOOL Registration Form for Year 2017-2018

Student's Name: _____ Grade/Level _____ Age _____

Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Baptismal Name: _____

Parents' Names: _____

Father's work phone #: _____ Father's email: _____

Mother's work phone #: _____ Mother's email: _____

In case of sickness or emergency and parents can not be reached, whom may we call?

Emergency contact phone #: _____ Any health concerns? _____

Classes to be held on the following days: Wednesday & Thursday 4:00 to 6:00 p.m. and Saturday 9:00 to 11:00 a.m. and 11:00 a.m. to 1:00 p.m.

Greek School is free for all families/individuals who are stewards in good standing* of the church.

Are you current with your stewardship? Yes _____ No _____

*If you are not certain, please contact Father Peter for clarification. All children of parents in good standing are entitled to free Greek school education.

~~Please return completed application to the church office no later than Saturday, September 2, 2017~~ _____

TO BE COMPLETED BY ADMINISTRATION/TEACHER

Student Name _____

Dates / Times parent can volunteer _____

Your child will attend class on: _____ Wednesday 4-6 pm _____ Thursday 4-6 pm

_____ Saturday morning 9-11 am _____ Saturday 11 am to 1 pm

Approved by:

Parish Priest Date