

Holy Cross Greek Afternoon School

Registration Form

School Year 2018/2019

Date of Registration: _____ Family Last Name: _____
 Father's Name _____ Mother's Name _____
 Father's Cell No. _____ Mother's Cell No. _____
 Father's E-mail _____ Mother's E-mail _____

Home Address: _____

 Home Tel. No.: _____

Emergency Contact (**other than parent or guardian**): _____
 Emergency Phone No.: _____ Relation Ship : _____

First Child

Student's Name: Last: _____ First _____
 Date of Birth: _____ Age: _____ **Circle One**
 Grade Completed: _____ Entering: _____ Will be attending: **Mon/Weds or Sat Classes**
 Any Allergy Concerns (Y/N) _____

Second Child

Student's Name: Last: _____ First _____
 Date of Birth: _____ Age: _____ **Circle One**
 Grade Completed: _____ Entering: _____ Will be attending: **Mon/Weds or Sat Classes**
 Any Allergy Concerns (Y/N) _____

Third Child

Student's Name: Last: _____ First _____
 Date of Birth: _____ Age: _____ **Circle One**
 Grade Completed: _____ Entering: _____ Will be attending: **Mon/Weds or Sat Classes**
 Any Allergy Concerns (Y/N) _____

I hereby consent for my child / children to participate in the activities of the Holy Cross Brooklyn Greek Afternoon School program. I authorize the Clergy and advisors to seek medical assistance if needed. I also authorize Clergy and advisors to supervise child / children off Church premises on scheduled outings and field trips. CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A CHILD FOR NON-PROFIT USE (e.g. education, public service, or health awareness purpose) I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the individual(s) named above by Holy Cross Greek Orthodox Church and its organizations. I also grant to Holy Cross Greek Orthodox Church and its organizations the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Holy Cross Greek Orthodox Church and its organizations / agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent / Guardian: _____ **Date:** _____

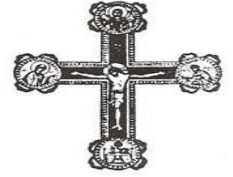
For Office Use Only

No. of Children: _____	Stewardship # : _____
Saturday Dance: _____	1st Pymt _____ Receipt No. _____ Date: _____
Family's Total Tuition: _____	2nd Pymt _____ Receipt No. _____ Date: _____

Greek Orthodox Archdiocese of America



Holy Cross Greek Orthodox Church



Archimandrite Gerasimos Makris *Pastor*

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School Year 2018/2019**

Tuition Fees (yearly amounts)

One Child including dance class: \$950

Two Children including dance class: additional \$ 750 to 1 child tuition

Three Children including dance class: additional \$ 625 to 2 child tuition

Four Children including dance class: additional \$ 625 to 3 child tuition

PTO Fees: \$25

5% Discount for Those paying in full prior to the start of classes

Saturday Dance Class (for students who would like to take dance only): \$ 225 per child

* Pre-K Classes now being offered*

If you have not paid your Stewardship at the beginning of the year it is required by time of registration

***Half of the annual tuition is due upon your family's registration for class and the other half is due on January 31st.**