

**Holy Cross Greek Afternoon School
Registration Form
School Year 2020/2021**

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 : _____

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) _____

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) _____

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 # : _____

Only Dance: _____ 1st Pymt _____ Receipt No. _____ Date: _____

Dance Troupe: _____ 2nd Pymt _____ Receipt No. _____ Date: _____

Family's Total Tuition: _____ 3rd Pymt _____ Receipt No. _____ Date: _____