

Holy Cross Greek Afternoon School

Registration Form

School Year 2019/2020

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: _____

Saturday Dance: _____

Dance Troop: _____

Family's Total Tuition: _____

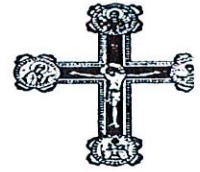
Stewardship # : _____

1st Pymt _____ Receipt No. _____ Date: _____

2nd Pymt _____ Receipt No. _____ Date: _____



Greek Orthodox Archdiocese of America
Holy Cross Greek Orthodox Church



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

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

Stewardship or Building Fee: Amount \$400

Tuition Fees (yearly amounts)

One Child including dance class: \$1,050

Two Children including dance class: \$ 850 additional to 1 child tuition

Three Children including dance class: \$ 725 additional to 2 child tuition

Four Children including dance class: \$ 725 additional to 2 child tuition

Dance Troupe Only: \$330

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

PTO Fees: \$25

* Nursery & Pre-K Classes being offered*