



# Sts. Constantine & Helen Greek Orthodox Cathedral Greek School Registration 2017 – 2018

## STUDENTS K-12 REGISTRATION FORM

CLASS IS HELD EVERY MONDAY, SEPTEMBER -MAY; 4:45-6:15PM

### INSTRUCTIONS:

- Please complete one form per student.
- Registration fee: \$100.00 on or before June 15 \$150.00 on or after June 15th
- Child has to be 5 years old by September 30th. In the event that any child does not demonstrate classroom readiness or behavior, Greek School Administration will dismiss child from attendance and refund all registration fees.
- Non- Members of the Cathedral: \$125 per semester tuition fee in addition to the registration fee above.

Cathedral members?  Yes  No

Return completed form with check payable to GSPTA to: *Sts. Constantine & Helen Greek Orthodox Cathedral, Greek School Registration, 30 Malvern Avenue, Richmond, VA 23221*

### STUDENT'S INFORMATION

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ First Time in Greek School:  Yes  No

### FAMILY INFORMATION

Parent's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Parents available to: Periodically help in class \_\_\_\_\_ Substitute for a teacher \_\_\_\_\_

### EMERGENCY CONTACT

Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor Name\* \_\_\_\_\_ Phone: \_\_\_\_\_

### PHOTOGRAPH CONSENT & RELEASE

I consent to have my *son / daughter* \_\_\_\_\_ photographed, either individually or in groups. I also consent to the use of my child's photograph or likeness, to be displayed or printed on boards, yearbook, posters or our school's website. As the child's parent or legal guardian, I agree to release the Church, School Board, Teachers and Volunteers from and against any and all claims, demands, actions, complaints, suits or other forms or liability that shall arise out or by reason of, or be caused by the use or my child's photograph, likeness in any medium.

Signature (Parent or Legal Guardian): \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Please indicate here if you do not give consent:  No, I do not give consent for my child to be photographed.

### IMPORTANT

Weekly homework will be assigned to help the students master the concepts introduced in class. Since Greek School classes meet for only 60 – 90 minutes per week, regular attendance and completion of weekly homework assignments are expected. I understand and accept the above requirements and commitment.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### ADMINISTRATIVE USE ONLY:

DATE/AMT \_\_\_\_\_ TEACHER ASSIGNMENT \_\_\_\_\_ DIRECTORY \_\_\_\_\_ ROSTER \_\_\_\_\_