

St. Paraskevi Greek School
1 Shrine Place
Greenlawn, New York 11740
(631) 261-7272

Registration Form

Tuition

Child's Name: _____
Date of Birth: _____ Grade in American School: _____
Greek School Grade to attend in September: _____ 600

Second Child's Name: _____
Date of Birth: _____ Grade in American School: _____
Greek School Grade to attend in September: _____ 575

Third Child's Name: _____
Date of Birth: _____ Grade in American School: _____
Greek School Grade to attend in September: _____ 550

Total _____

Mother's Name: _____ Father's Name: _____
Address: _____
Telephone # _____ Cell Phone# _____
E-mail address: _____

*******Medical Conditions or Allergies we should be aware of:**

Emergency Contacts:
Name: _____ Phone # _____
Cell Phone #: _____
Doctor's Name: _____ Phone #: _____

In the event of an emergency, I hereby authorize the personnel of St. Paraskevi to secure treatment for my child.

Parent Signature

Date

****By submitting the Greek School Registration Form you understand and acknowledge that the tuition listed above is due in FULL by December 1st. The Greek School Board reserves the right to charge a late payment charge of \$50.00 for tuition not paid in FULL by this date. Any tuition assistance/adjustments will be based on an individual case basis at the discretion of the Greek School Board.**