

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: _____

550

Second Child's Name: _____

Date of Birth: _____ Grade in American School: _____

Greek School Grade to attend in September: _____

Third Child's Name: _____

Date of Birth: _____ Grade in American School: _____

Greek School Grade to attend in September: _____

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.
