



Saint Barbara Greek Afternoon School

2016 - 2017 Registration Form

Family Name: _____

Address: _____ City, State Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

1. Student's Name: _____

Birth date: _____ American School Grade: _____

Greek School Grade COMPLETED: _____

2. Student's Name: _____

Birth date: _____ American School Grade: _____

Greek School Grade COMPLETED: _____

3. Student's Name: _____

Birth date: _____ American School Grade: _____

Greek School Grade COMPLETED: _____

Is/Are your child/children baptized Orthodox Christian(s)? YES or NO (circle one please)
Does/Do your child/children attend Sunday School? YES or NO (circle one please)
Enrollment Requirements: Children must be at least 6 years old to begin Kindergarten and the family MUST be a STEWARD of Saint Barbara

I am enrolling my child/children for the 2016-2017 Greek Afternoon School.

Parent's Signature: _____

Parent's Email Address: _____

Tuition 2016-17:

One child: \$ 350.00
Two children: \$ 600.00
Three children: \$ 850.00

Please return form fully completed & signed along with \$100.00 deposit by 8/1/16. Tuition must be paid in full by 09/01/16. (Anyone with financial difficulty, please contact Fr. Paul.)

Enclosed is check/money order in the amount of: \$ _____ or Credit Card Payment:
MasterCard or Visa (circle one) Billing Address & Zip Code: _____
Card #: _____ Exp. ____ / ____ Code: _____
Amount to be charged: \$ _____ Signature: _____