



# Saint Barbara Greek Afternoon School

## 2018/2019 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 2018-2019 Greek Afternoon School.

Parent's Signature: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

### Tuition 2018-2019:

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

Please return form fully completed & signed along with \$100.00 deposit by 8/1/18.

**Tuition must be paid in full by 09/01/18.**

*(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: \_\_\_\_\_