



Saint Barbara Greek Afternoon School

2017 - 2018 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 2017-2018 Greek Afternoon School.

Parent's Signature: _____

Parent's Email Address: _____

Tuition 2017-18:

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

Please return form fully completed & signed along with \$100.00 deposit by 8/1/17. Tuition must be paid in full by 09/01/17. (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: _____