

SAINTS CONSTANTINE AND HELEN, WEST NYACK, NY Greek School Registration Form 2017 - 2018

Student's name _____ D.O.B. _____ Age _____

Street address _____

City, state, zip _____

School District _____

Public School Grade (as of 9/1/17) _____ Greek School Grade (as of 9/1/17): _____

Parent(s) names _____

Home phone _____

Cell phone _____

Email _____

Emergency contacts:

1. Name _____ Phone _____
Relationship to child _____

2. Name _____ Phone _____
Relationship to child _____

Any medical conditions or food allergies? _____

Has your child attended Greek school before? _____ If "yes," how many years? _____

Commitments:

1. **There is a book fee of \$50/student due with registration.**
2. **You must be a steward in good standing at the time of registration.** If you are NOT currently a steward, you must first speak to a member of the Stewardship Committee before you can register. Please remember you must renew your stewardship commitment before January 1st of the following year in light of the overlap of Greek School and Stewardship calendars.

Check here if you would prefer NOT to have your child photographed for publicity purposes. _____

Parent's Signature _____ Date _____

Please submit this application, along with the \$50/student fee to the church secretary or any Education Committee member.

For Office use only:

Book Fee collected by: _____ Date _____

Stewardship confirmed by: _____ Date _____