

**The Greek Orthodox Church of the Holy Resurrection
Adult Greek School Program
Registration Form for the School Year 2010-2011**

Student's Name _____

Address _____

Home Phone _____ **Work Phone** _____

Email _____ **Cell Phone** _____

Have you ever taken Greek before? _____

What are your expectations from this program? _____

Any Medical Conditions? **No** **Yes** If yes, please explain

Emergency Contacts:

Name _____ **Phone ()** _____

Doctor _____ **Phone ()** _____

In case of an emergency, I hereby authorize the personnel of the Church of the Holy Resurrection to obtain treatment.

Student's Signature _____ **Date** _____

Tuition for the 2010-2011 school year is \$700 per student. Full tuition is due prior to first class.