

**The Greek Orthodox Church of the Holy Resurrection
Pre-K Afternoon Greek School Program
Registration Form for the School Year 2011-2012**

Student's Name _____ **Date of Birth** _____

Father's Name _____ **Mother's Name** _____

Address _____

Home Phone _____ **Work Phone** _____

Email _____ **Cell Phone** _____

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

Emergency Contacts:

Name _____ **Phone ()** _____

Name _____ **Phone ()** _____

Doctor _____ **Phone ()** _____

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

Parent's Signature _____ **Date** _____

Tuition for the 2011-2012 school year is \$550 per student. Each sibling is discounted \$25. Full tuition payment is due upon registration.

Note: These rates are for Fair Share members only. If you are not a pledging Fair Share member by September 1st, please add an additional \$350 facilities use fee per family, or speak to the office about becoming a FAIR SHARE member.