

ST. HARALAMBOS "ARISTOTLE" SATURDAY GREEK SCHOOL 2018-2019 REGISTRATION FORM

English

Ελληνικά

FAMILY NAME: _____ Home #: (____) _____
 Father's first name: _____ Married [] Divorced [] Widowed []
 Mother's first name: _____ Last name (if diff.) _____
 STREET ADDRESS _____ City _____ Zip _____
 Father's E-mail _____ Father's cell #: (____) _____
 Mother's E-mail _____ Mother's cell #: (____) _____

IN CASE OF EMERGENCY, call (**IF PARENT CAN'T BE REACHED**)

<u>Student's Name (English)</u>	<u>Όνομα Μαθητή (Ελληνικά)</u>	<u>Date of Birth</u>	<u>2018-19 Level in Greek School</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

A \$100 NON-REFUNDABLE DEPOSIT PER STUDENT IS REQUIRED AT THE TIME OF REGISTRATION.

Any special needs, medications, allergies or behaviors that we should be aware of:

For **2018 STEWARDS** of St. Haralambos Church or another Greek Orthodox Church currently enrolled in the Saturday Greek School for 2017-18 school year, tuition scale will be the same. Families new to the program for the 2018-19 school year who are stewards of another Greek Orthodox Church will pay the non-steward tuition and receive a courtesy discount of \$350.

I understand that scheduled tuition and fee payments are due on September 30, November 30 and January 31 and that final balance of fees and tuition is due by March 31, 2019; after this date a \$100.00 late fee will be applied to the balance.

I verify that we are 2018 Stewards/members in good standing at _____

Greek Orthodox Church in (city) _____.

Stewardship # _____

**LETTER OF GOOD STANDING IS REQUIRED FROM STEWARDS OF OTHER
CHURCHES AT TIME OF REGISTRATION.**

I affirm that the above information is correct to the best of my knowledge, and hereby release Holy Taxiarchai and St. Haralambos Greek Orthodox Church, its council members, officers, principal and agents of all liability in connection with the operation and conduct of the Aristotle Greek School. I further acknowledge that enrolling my child(ren) commits our participation in all Aristotle Greek School programs and activities.

(PLEASE DO NOT WRITE BELOW THIS LINE)

Family Name _____

<u>TUITION SCALE</u>	<u>2018 Steward of St. Haralambos</u>	<u>Non-stewards:</u>
1 Child	\$ 870.00	\$ 1,370.00
2 Children	\$ 1,700.00	\$ 2,200.00

Total Tuition \$ _____

RECORD OF PAYMENTS

PTA Membership \$ 30.00

Date	Receipt #	Amount	Balance
___ / ___ / ___	# _____	\$ _____	\$ _____
___ / ___ / ___	# _____	\$ _____	\$ _____
___ / ___ / ___	# _____	\$ _____	\$ _____
___ / ___ / ___	# _____	\$ _____	\$ _____
___ / ___ / ___	# _____	\$ _____	\$ _____
___ / ___ / ___	# _____	\$ _____	\$ _____

Book fees \$ _____
(\$40.00 per student)

Dance Fee (levels 1-6) \$ _____
(\$75.00 per student)

Graduation Fee \$ _____
(\$50 - 6th Graders only)

Courtesy discount for stewards of another
Orth Church (-\$350) \$ _____

Membership letter required

Total Tuition & Fees \$ _____

Early registration discount with \$100
deposit per student through 5/31/18
(-\$50 per family) \$ _____

Sub Total \$ _____

Early payment of full tuition and fees
through 9/30/18
(-\$50 per family) \$ _____

Revised Total \$ _____

Payment Schedule for 4 equal payments	
September 30, 2018	\$ _____
November 30, 2018	\$ _____
January 31, 2019	\$ _____
March 31, 2019	\$ _____

TUITION AND FEES PAYMENT SCHEDULE: I would like to pay tuition and school fees:

in full—one payment

4 equal payments (1st on Sept 30, then 3 equal payments on the balance, due Nov 30, Jan 31, Mar 31) by **cash or check**

4 equal payments (1st on Sept 30, then 3 equal payments on the balance, due Nov 30, Jan 31, Mar 31) by **credit card**

I authorize St. Haralambos Church to deduct scheduled tuition and fee payments from this credit card.

Credit card information: Master Card or Visa or Discover

Name on credit card _____

Card Number# _____ expiration date _____ security code # _____

Registered by: _____