

**ST. NICHOLAS CATHEDRAL  
GREEK LANGUAGE SCHOOL REGISTRATION FOR CHILD  
2024 - 2025**

**Yearly Tuition for Children**

1 student=\$250; 2 students =\$450; 3 students=\$675; 4 students=\$900  
Make checks payable to **St. Nicholas Cathedral** with Greek School in the memo.

**Child's LAST NAME** (English&Greek) \_\_\_\_\_  
**Child's First Name** (English &Greek) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ primary CELL \_\_\_\_\_  
 Primary E-MAIL \_\_\_\_\_  
 Another CELL phone to receive info. \_\_\_\_\_  
 Another E-MAIL to receive info. \_\_\_\_\_  
 FATHER'S NAME (English & Greek) \_\_\_\_\_  
 MOTHER'S NAME (English & Greek) \_\_\_\_\_  
 School District Child Attends \_\_\_\_\_

<b>Child's Age</b>	<b>Grade American School</b>	<b>Name Day</b>	<b>Birthdate</b>	<b>Grade Greek School</b>

Any food allergies? Please list \_\_\_\_\_

IN case of EMERGENCY Εν ώρα ΑΝΑΓΚΗΣ Please give the names of relatives or other persons that could be reached. Children will be taken to Children's Hospital.

Emergency Name \_\_\_\_\_ PHONE \_\_\_\_\_  
 Emergency Name \_\_\_\_\_ PHONE \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**Parent Volunteering – Your Help is Needed!**

- |  |                                     |
|--|-------------------------------------|
| ___ serving on Greek School Committee        | ___ Substituting                    |
| ___ with Costume fitting                     | ___ March 25 <sup>th</sup> Luncheon |
| ___ with St. Nicholas Bazaar                 | ___ with Greek Language Festival    |
| ___ with Christmas Caroling in nursing homes | ___ with Bake Sale                  |
| ___ with copying                             | ___ being a teacher's assistant     |