



SAINT KATHERINE GREEK ORTHODOX CHURCH
HELLENIC EDUCATION CENTER
GREEK SCHOOL
2022-2023 ENROLLMENT APPLICATION
 Email forms to hec-registration@stkchurch.com

Check here if enrolling a sibling
 (and see note regarding rates on page 2)

Student's Last Name:	First Name:	Nickname:	Date of Birth:	Sex:
Billing Address:		Home Phone:	Cell Phone:	
E-mail Address:		Previous Language Programs or Schools Attended:		
★ Are you a steward of St. Katherine Greek Orthodox Church? <input type="checkbox"/> Yes <input type="checkbox"/> No (You <u>must</u> be current as of the date your application is submitted in order to qualify for discounted tuition.)				

(To be completed by parents or adult students)

Father's name:	Place Employed:	Business Phone:
Home Address:		Home Phone:
City/State:	Zip Code:	Cell Phone:
May we send information via email: Yes No	Primary E-mail Address:	Primary E-mail Address:
Mother's name:	Place Employed:	Business Phone:
Home Address:		Home Phone:
City/State:	Zip Code:	Cell Phone:
May we send information via email: Yes No	Primary E-mail Address:	Secondary E-mail Address:
Person (s) or Agency Having Legal Custody of Child:		
Home Address:		Home Phone:
Business Address:		Business Phone:

MEDICAL AND EMERGENCY INFORMATION**

Allergies or Intolerance to food and/or medicine? (Please List)		
Is your child taking any medicine? (Please List)		
Outstanding Medical History (Diabetes, heart disease, etc.):		
Child's Physician:	Phone:	
Two People To Contact if Parent(s) Cannot Be Reached		
1.	Address:	Phone:
2.	Address:	Phone:
Person(s) Authorized To Pick Up Student:		
Person(s) <u>NOT</u> Authorized To Pick Up Student:		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the student.
- NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities

**** If there is an objection to seeking emergency medical care, a statement needs to be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.**

INSURANCE INFORMATION

Insurance Company: _____

Identification #: _____ Policy #: _____

Subscriber's Name: _____ Phone: _____

Subscriber's Place of Employment: _____

PROGRAMS AND TUITION

*Please circle the program and payment option of your choice:
Rates are expressed as steward / non-steward*

**Registration and payment are due September 8th.
A \$50 late fee will be added after September 8th.**

Please go to www.saint-katherines.org/stewardship/online-donations/ to pay tuition

We accept check and credit card payments.

<i>Tuition Payment</i>	<i>Friday</i>	<i>Saturday</i>	<i>Adult Classes Tues/Thurs.</i>
<i>Steward</i>	<i>\$805</i>	<i>\$895</i>	<i>\$920</i>
<i>Non-Steward</i>	<i>\$1,100</i>	<i>\$1,240</i>	<i>\$1,240</i>
<i>Early bird – Full payment before July 15</i>	<i>5% Discount (Steward= \$760 Non = \$1045)</i>	<i>5% Discount (Steward = \$850 Non= \$ 1,175)</i>	<i>5% Discount Steward = \$875 Non = \$1,180)</i>
Additional Enrichment Programs			
<i>Thursday Conversational (virtual)</i>	<i>\$550 Early bird by July 15 = \$520</i>	<i>Will be done virtually from 6:00 – 7:00 pm. <u>Contingent on sufficient enrollment!</u></i>	
<i>Homework Help</i>	<i>Wednesday 7:00 – 8:00</i>	<i>Available to help assist students who need the additional support in-between classes to complete homework. Starts September 15, 2022. Payable monthly for \$15/session</i>	
<i>Ellinomatheia Prep</i>	<i>Tuesday 5:30 – 6:30 pm</i>	<i>Starts January 17, 2023 up until Ellinomatheia exams.</i>	<i>Total = \$300</i>

♦♦ Sibling rate is as listed above minus \$50 (First sibling pays full price.)

Book and/or software fees are now included in tuition.

FINANCIAL

1. I/we agree returned checks will be assessed a processing fee of \$100. Initials: _____

2. I/we understand and agree that, while enrolled, there is no reduction or refund of tuition for ANY time (days/weeks/months) missed due to illness, snow, vacation, holidays, withdrawal, or required closure by local, state, and/or federal government mandate within any tuition period. There are NO make-up days. Weather related makeup days will only occur if Fairfax County Public Schools announces them. Initials: _____

3. Greek School staff will make every effort to help my/our student adjust and change his/her behaviors, but equal effort needs to be given at home. I/we understand that a student may be dismissed from school if the student does not adjust to the program. Examples of this include but are not limited to: causing disruptions in the classroom, inhibiting instruction, physical abuse towards other students and adults, talking back to the teacher, etc. All students will be given a two-week adjustment period. If no improvement is shown after two weeks, the student will be suspended for one week. The student's behavior will be evaluated upon their return and if the misbehavior reoccurs, permanent dismissal may be necessary. If dismissal results, tuition is NOT refundable. Initials: _____

4. I/we understand that a student will be dismissed if a parent's language or actions are abusive towards the children and/or to staff. If dismissal results, tuition is NOT refundable. Initials: _____

5. I/we understand and agree to have my/our student(s) picked up within one hour of notification that my/our student(s) have become ill or hurt. This also applies to children who display behavior not conducive to learning or hurtful towards other students and teachers. Initials: _____

6. I/we agree to inform Greek School within 24 hours or the next business day after my/our student(s), or any member of the immediate household has developed a reportable communicable disease as defined by the State Board of Health, except for life threatening diseases, which I/we agree to report immediately. Initials: _____

7. I/we agree that a student may not attend school with any illness that threatens the health of other student or staff, or that prevents their participation in their classroom's routine.

8. I/we understand and agree that the Health Department regulations governing periods of infection will be enforced and I/we agree to abide by all illness policies set forth in a written notice. Specifically, I/we agree that a student may not attend school if they are exhibiting any symptoms of illness or have a temperature of 100 degrees or more. Initials: _____

9. I/we understand that student(s) will be released only to authorized individuals. No student will be released to anyone whose name is not on file. Only parents/guardians identified below are authorized pick up unless additional names are provided in writing. Initials: _____

10. We make every effort to keep all students safe, however, accidents sometimes happen. I/we for myself/ourselves and on behalf of my/our child(ren), hereby release and discharge Greek School, St Katherine Greek Orthodox Church, the HEC, its partners, agents, employees and affiliates ("Released Parties") from all claims, demands, damages, actions, causes of actions, suits, judgments and executions whatsoever, in law or equity, which I/we, the child(ren), our heirs, executors, assigns or administrators ever had, now has, or may have, or claim to have, against the Released Parties by reason of my/our child(ren)'s attendance at Greek School. Initials: _____

11. I/we agree, for myself/ourselves, my/our child(ren) and any other claimant that the Released Parties will not be liable and no claims will be made against the Released Parties if my/our child(ren) should suffer personal injury or death as a result of my/our child(ren)'s attendance at Greek School. Initials: _____

12. I/we authorize Greek School staff to obtain immediate medical care for a student(s) if any emergency occurs or if I/we cannot be contacted immediately. Initials: _____

13. I/we authorize Greek School to use photos and other recordings of a student(s) for training and professional development and for promotional purposes. Initials: _____

14. I understand that the state childcare regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, audit facility records, interview children privately, observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact any other appropriate authority to do the same, without prior notice or consent by myself or by the school. Initials: _____

STATE LICENSING AND OUR POLICIES

1. I understand that the above is not an all-inclusive list of policies, and that students, family members, authorized agents and I are bound by state & county regulations, the HEC Handbook, and all other company policies, which may be modified at any time without notice. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations. Initials: _____

2. I agree to inform the center within 24 hours or the next business day after a student or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately. Initials: _____

3. I understand if there is an objection to seeking emergency medical care, a statement should be obtained from me stating the objection and the reason for the objection. Initials: _____

4. I understand that appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. Section 20.1-14.3 of the Code of Virginia states unless a court order has been issued to the contrary, the on-custodial parent of a student enrolled in a public school or day center must be included, upon the request of such on-custodial parent, as an emergency contact for events occurring during school or day care activities. Initials: _____

5. No terms of this agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change. Any alterations, revision, modification or deletions of any term of this agreement are null and void. Initials: _____

I/we have read and agree to abide by the terms and conditions of the Hellenic Education Center HEC Handbook and this Enrollment Agreement. I/we understand that Greek School reserves the right to change existing policies or introduce new policies immediately upon written notice. I understand and will comply with the policies included in the Enrollment Agreement and the HEC Handbook. The policies in this contract will supersede all other previous documents. By signing this page, I verify that I have provided accurate and complete information. If any of the information changes, I will notify the Greek School.

Parent's signature

Date

Student Questionnaire (to be shared with the teacher)

Child's Name: _____ Nickname _____ DOB _____

Every child is special and unique. In order for us to help to get to know your child and family, we need your help with this questionnaire. Our goal is to be able to meet the needs of your child.

Please list all members of your family, including pets:

- 1- _____ Relationship: _____
- 2- _____ Relationship: _____
- 3- _____ Relationship: _____
- 4- _____ Relationship: _____

Child and family favorite activities: _____

Generally, how would you describe your child?

- 1- Physically: _____
- 2- Socially: _____
- 3- Emotionally: _____
- 4- Intellectually: _____

Does your child have any special interests: (Please circle)

Singing Painting Stories Sports Pets Dancing Other _____

Are there particular areas in which your child needs special encouragement and support?

Are there any foods your child may not or cannot eat (due to allergies, religion or customs, etc.)?
(Please List):

Is there anything that your child is afraid of? _____

Is there anything else that you think we should know to help us understand your child?

What languages, other than English, do you speak regularly at home? _____

What methods of instruction do you find most effective? _____

How long has your child attended Greek school? _____

How much time per week do you think your child can devote to Greek School HW? _____

Is Greek spoken at home? Who speaks with the child Greek? _____ - _____

Our school is a nut-free facility. Tree nuts and peanuts are not allowed due to severe allergies. Thank you for being understanding.