



**SAINT KATHERINE GREEK ORTHODOX CHURCH  
HELLENIC EDUCATION CENTER  
GREEK SCHOOL  
2018-19 ENROLLMENT APPLICATION**

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

**(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 <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	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:
<b>Person(s) Authorized To Pick Up Child:</b>		
<b>Person(s) <u>NOT</u> Authorized To Pick Up Child:</b>		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- 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*

**2 payment option available to stewards only and only by credit card debit plan (no checks accepted)**

Payment Options	Tuesday Conversational	Tuesday/Friday	Saturday	Adult Classes Tues/Thurs/Fri
<b><u>Early Registration*</u></b> <b>May 1 - July 9 (1 payment)</b>	350 / 425	735 / 985	735 / 985	775 / 995
<b><u>Early Registration*</u></b> <b>May 1 - July 9 (2 payments)</b>	2@240	2@430	2@430	2@445
We <b><i>strongly</i></b> encourage you to opt for early registration. This enables us to plan and execute budgeting and hiring more effectively and is greatly appreciated. Additionally, the earlier registrations are completed and received, the sooner we can inform every one of their class assignments and teachers. <b>As you see below, those who do not register early must pay higher tuition.</b>				
<b>(1 payment)</b>	530 / 585	905 / 1155	905 / 1155	905 / 1155
<b>(2 payments)</b>	2@305	2@530	2@530	2@530

\* Registrations ***and*** payment in full ***must*** be received or postmarked by the dates indicated above. Those applications received afterwards will be charged the higher tuition rates. **NO exceptions.**

◆ ◆ Sibling rate is as listed above minus \$50 (**1<sup>st</sup> sibling pays full price**). ◆ ◆

### Additional Program Fees

**Book Fee (All students) - \$40**

*Additional enrichment classes may be offered to certain age levels throughout the year. These classes will come at an additional cost that is not covered by the fees above and must meet minimum enrollment requirements. Please check those programs you may be interested in and we will contact you accordingly.*

Additional Programs	Days	Steward / non-steward
Dance Program <input type="checkbox"/>	Saturday 1:30-2:15pm	225 / 375
Music Program <input type="checkbox"/>	Saturday 1:30-2:15pm	225 / 375
Tutoring/HW help <input type="checkbox"/>	Monday 5:30-7:00pm	585 / 745

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

#### **Credit Card Information (2 payment plan – VISA/MASTERCARD only):**

Name on Card: \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ SIC Code: \_\_\_\_\_

My signature authorizes use of my card to fulfill my tuition payments (My 1<sup>st</sup> payment due at time of registration; **2<sup>nd</sup> payment will be debited from my credit card on Nov 15, 2018**) :

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** Stewardship Verified: YES/NO Uploaded to database Date: \_\_\_\_\_ Initials: \_\_\_\_\_

## 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.***