



**SAINT KATHERINE GREEK ORTHODOX CHURCH
HELLENIC EDUCATION CENTER
GREEK SCHOOL
2016-17 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:		
Are you a steward of St. Katherine Greek Orthodox Church? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(You must be current as of the date your application is submitted in order to qualify for discounted tuition.)</i>				

(Do not fill out the fields below, if you are an Adult student)

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:

(Required by all students) 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 Child:		
Person(s) <u>NOT</u> Authorized To Pick Up Child:		

- 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

Payment Options	Tuesday Conversational	Tuesday/Friday	Saturday	Adult Classes Tues/Thurs/Fri
Early Registration* May 6 - July 5 (1 payment)	325 / 375	640 / 875	640 / 875	640 / 875
Early Registration* May 6 - July 5 (2 payments)	2@200 / 2@410	2@380 / 2@495	2@380 / 2@495	2@380 / 2@495
<p>We <i>strongly</i> 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.</p> <p style="text-align: center;">As you see below, those who do not register early must pay higher tuition.</p>				
(1 payment)	475 / 525	800 / 1035	800 / 1035	800 / 1035
(2 payments)	2@275 / 2@400	2@475 / 2@550	2@475 / 2@550	2@475 / 2@550

* Registrations ***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. ◆◆

Additional Program Fees

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	525 / 675

Parent's signature

Date

For Office Use Only:

Child's Name: _____ Applicant ____ / ____ Start Date: _____

Date Received: _____ Payment Received: _____ Check Number: _____ Credit Card or Cash _____

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.