



# Saint George Greek Orthodox Church

## Greek School Pre-Registration 2010-2011

Mandatory Pre-Registration: Sunday, May 2<sup>nd</sup> after liturgy  
\$50 deposit to be applied to balance of tuition

Students' Full Names      Age      Date of Birth      Grade in Greek School for 2010-2011

---

---

---

---

Father's Name \_\_\_\_\_ cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ cell # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mails: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Does your child suffer from any allergies? If yes, please specify:

---

Is Greek spoken at home? (circle one) Yes / No