



Saint George Greek Orthodox Church
Greek School Registration Form
2009-2010

Registration: Tuesday, September 15th

Father's Name: _____

Mother's Name: _____

Address: _____

City: _____ Zip: _____

E-Mail: _____ Phone: _____

Emergency Contact, Name & Number: _____

Student's Full Name

Age Date of Birth Grade in American School* Grade in Greek School

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

Is Greek spoken at home?

Do you have other siblings and how old are they?



* Kindergarten children will be in Pre-K of Greek School
1st grade children will be in Kindergarten of Greek School