

*Holy Trinity Greek Afternoon School
10 Mill Road
New Rochelle, NY 10804*

(date)

Dear Holy Trinity,

We have enrolled our child/children in the Greek Afternoon School Program for the School Year 20__ to 20__.

We are paying our Registration today. We will be paying our Tuition as follows;

___ Registration only \$ _____

___ Full Payment at Registration \$ _____

___ Half payment at Registration
and Half Payment in January \$ _____

___ One Quarter Payment at Registration \$ _____

One Quarter on Nov. 15th \$ _____

One Quarter in January of upcoming year \$ _____

Final Payment on March 15th \$ _____

___ Credit Card _____ Exp. date _____

Parish Representative

Signature of Parent or Guardian