

## **GREEK SCHOOL REGISTRATION INFO**

Registration will begin on May 3<sup>rd</sup> and must be done by June 30<sup>th</sup> either by mail or in person during office hours 9 a.m. – 5 p.m.  
(Office closed for lunch between 1:00 p.m. to 2:00 p.m.)

### **First Day of Classes; Friday, September 30<sup>th</sup>, 2011**

Classes meet on Tuesdays and Fridays from 5:00 p.m. to 6:30 p.m.

Registration fees are \$65 per child for members and \$80 per child for non-members. If a registration form is not received by June 30<sup>th</sup>, registration for members will be increased to \$100 per child and \$120 per child for non-members.

Tuition for the school year 2011-2012 is as follow:

	Parish Members:	Non Members:
First child:	\$530	\$790
Second child:	\$400	\$425
Each additional child:	\$305	\$305

**Please be reminded that your 2011 “Stewardship” must be current in order to register your children.**

## Greek School Registration Form

1. Registration Form for Students of Pre-Kindergarten through Regents Level
2. Registration will take place May 3<sup>rd</sup> to June 30<sup>th</sup> – during office hours 9 a.m. – 5 p.m.  
Please note: Office is closed between 1 p.m. - 2 p.m. Call office before you come in to register.
3. Classes meet promptly on Tuesday and Fridays, from 5:00 p.m. until 6:30 p.m.
4. Remember: Your “Stewardship” must be current for 2011 in order to register your child.

Student’s Name:                      English: \_\_\_\_\_ Grade \_\_\_\_\_

Greek: \_\_\_\_\_

Student’s Date of Birth \_\_\_\_\_

Student’s Social Security Number: \_\_\_\_\_

Second Student’s Name:                      English: \_\_\_\_\_ Grade \_\_\_\_\_

Greek: \_\_\_\_\_

Student’s Date of Birth \_\_\_\_\_

Student’s Social Security Number: \_\_\_\_\_

(For Graduating Class Only)

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

House number, Street, City, State, Zip Code

Phone: Home: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Business: Mother: \_\_\_\_\_ Mother’s Cell Phone: \_\_\_\_\_

Business: Father: \_\_\_\_\_ Father’s Cell Phone: \_\_\_\_\_

Parent’s Names: \_\_\_\_\_

\_\_\_ I wish to serve as a classroom volunteer.

Church Membership Number: \_\_\_\_\_

Registration Fee: (Amount) \_\_\_\_\_ for \_\_\_\_\_ students. Registration paid on: \_\_\_\_\_

(X) by \_\_\_ check number \_\_\_\_\_ Amount on check \_\_\_\_\_

(X) by \_\_\_ cash Amount paid: \_\_\_\_\_

(x) by \_\_\_ credit card Amount paid: \_\_\_\_\_

**Please note there are only 125 openings for 2011-12. Early registration is encouraged.**

*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. 15<sup>th</sup> \$ \_\_\_\_\_

One Quarter in January of upcoming year \$ \_\_\_\_\_

Final Payment on March 15<sup>th</sup> \$ \_\_\_\_\_

\_\_\_ Credit Card \_\_\_\_\_ Exp. date \_\_\_\_\_

\_\_\_\_\_  
Parish Representative

\_\_\_\_\_  
Signature of Parent or Guardian