

HOLY TRINITY GREEK ORTHODOX CATHEDRAL Greek School Registration Form 2010-2011

Registration is \$60 per child per term, \$150 if paid in full by Sept.7, 2010.
Please send payments to the church office. Aid is available to those in need.

STUDENT INFORMATION

Student's Name: _____ E-Mail: _____

Student's Address: _____

Date of Birth: _____ Age: _____ Grade Level: _____

Knowledge of Greek: _____ Beginner _____ Intermediate _____ Advanced

PARENT INFORMATION/ EMERGENCY CONTACT

Parents' Names: _____

Parents' Home Phone(s): _____

Parents' Cell or Work Phone(s) : _____

Parents' E-Mail(s): _____

Emergency Contact Name/ Phone Number: _____

MEDICAL INFORMATION (For emergency use)

Allergies or restrictions, including food: _____

Other conditions (i.e. diabetes, epilepsy): _____

Health Insurance Company: _____

Policy Number: _____ Primary Physician Phone: _____

Primary Physician: _____

PARENTAL CONSENT:

In the event of an emergency, I give church and Greek school staff permission to administer First Aid and to have my child transported to the nearest medical care facility. I authorize staff to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my child.

I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I shall assume all transportation costs.

I also hereby give permission for my child to ride in any vehicle designated by an adult in whose care my child has been entrusted while attending and participating in activities by Holy Trinity Greek Orthodox Cathedral.

Parent/Guardian Signature: _____ Date: _____