

**St. Nektarios Greek Orthodox Church**  
**2016-2017 Greek Language School Registration: Teen Registration (rising 6<sup>th</sup> graders – 12<sup>th</sup> graders)**

**Tuition:** \$425.00 for first family member, \$375.00 for each additional member.  
*You may pay the tuition in full in advance or \$200.00 on the first day, and \$225.00 by January 2016.*  
 Return registration form along with payment to the church office by October 2, 2016.  
**Classes begin Tuesday, October 11<sup>h</sup>, 7:00 p.m. – 8:00 p.m.**  
 Make checks payable to St. Nektarios with "Greek School" noted on the memo line.  
 For further information, please contact Sophia Shinas by e-mail: [\*\*shinassophia@gmail.com\*\*](mailto:shinassophia@gmail.com)

**Teen Registration:**

ENGLISH NAME	GREEK NAME	AGE	BIRTH DATE	LAST YEAR GREEK SCHOOL LEVEL	DO YOU SPEAK GREEK AT HOME?

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL INFORMATION**

Do your children have any allergies or medical conditions? (Examples: Food, Medicines, or Insect Bites etc.) No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, child's name and allergy/medical condition: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician: \_\_\_\_\_ Phone \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Insurance Carrier and Policy Number: \_\_\_\_\_

**MEDICAL RELEASE:** If you cannot be reached in the event of an emergency, you give the St. Nektarios staff the permission to make any medical decisions necessary for your children.

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_