

# ST. HARALAMBOS "ARISTOTLE" GREEK SCHOOL 2017-2018 REGISTRATION FORM

English

Ελληνικά

Phone

FAMILY NAME: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_  
 Father's first name: \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_  
 Mother's first name: \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Mother's E-mail \_\_\_\_\_  
 Father's E-mail \_\_\_\_\_

**IN CASE OF EMERGENCY, call (if parent can't be reached)**

Name \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_ relationship: \_\_\_\_\_

<u>Student's Name (English)</u>	<u>Όνομα Μαθητή (Ελληνικά)</u>	<u>Date of Birth</u>	<u>Grade in Greek School</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**A \$100 NON-REFUNDABLE DEPOSIT PER STUDENT IS REQUIRED AT THE TIME OF REGISTRATION.  
 There is a \$50 per family discount for early registration with \$100 per student deposit through May 31, 2017**

**Any special needs, medications, allergies or behaviors that we should be aware of:**

\_\_\_\_\_

**DANCE CLASS** is offered for **Grades 3-6**. There is a fee of \$85 per student.  
 Do you want your child(ren) to take Dance Class?     Yes     No                      **Dance Total**    \$ \_\_\_\_\_ \*

For 2017 STEWARDS of St. Haralambos Church and/or families currently enrolled in the Afternoon Greek School, tuition scale will be the same. Families new to the program for the 2017-18 school year who are members of another Greek Orthodox church will pay the non-member tuition and receive a courtesy discount of \$350.

**I understand that scheduled tuition and fee payments are due on September 30, November 30 and January 31 and that final balance of fees and tuition is due by March 31, 2018; after this date a \$100.00 late fee will be applied to the balance.**

I verify that we are 2017 Stewards/members in good standing at \_\_\_\_\_  
 Greek Orthodox Church in (city) \_\_\_\_\_.  
 Stewardship # \_\_\_\_\_

**Letter of good standing is required from stewards of other churches at time of registration.**

I affirm that the above information is correct to the best of my knowledge, and hereby release Holy Taxiarchai and St. Haralambos Greek Orthodox Church, its council members, officers, principal and agents of all liability in connection with the operation and conduct of the Aristotle Greek School. I further acknowledge that enrolling my child(ren) commits our participation in all Aristotle Greek School programs and activities.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Please do not write below this line)

Family Name \_\_\_\_\_

<u>TUITION SCALE</u>	<u>2017 Member of St. Haralambos:</u>	<u>Non-members:</u>
1 Child	\$ 850.00	\$ 1,350.00
2 Children	\$ 1,660.00	\$ 2,160.00
3 Children or more	\$ 2,300.00	\$ 2,800.00

Total Tuition \$ \_\_\_\_\_

PTA Membership \$ 30.00

Graduation Fee \$ \_\_\_\_\_

(\$50 - 6<sup>th</sup> Graders only)

Dance Fee (grades 3-6) \$ \_\_\_\_\_ \*

(\$85.00 per student)

Book fees \$ \_\_\_\_\_

(\$30.00 per student)

Courtesy discount for stewards of another

Orth Church (-\$350) \$ \_\_\_\_\_

**Total Tuition & Fees** \$ \_\_\_\_\_

Early registration discount with \$100 deposit  
per student through 5/31/17

(-\$50) \$ \_\_\_\_\_

**Sub Total** \$ \_\_\_\_\_

Early payment of full tuition and fees  
through 9/30/17

(-\$50) \$ \_\_\_\_\_

**Revised Total** \$ \_\_\_\_\_

**RECORD OF PAYMENTS**

Date	Receipt #	Amount	Balance
___ / ___ / ___	# _____	\$ _____	\$ _____
___ / ___ / ___	# _____	\$ _____	\$ _____
___ / ___ / ___	# _____	\$ _____	\$ _____
___ / ___ / ___	# _____	\$ _____	\$ _____
___ / ___ / ___	# _____	\$ _____	\$ _____
___ / ___ / ___	# _____	\$ _____	\$ _____
Late Fee (\$100 after 3/31/18)		\$ _____	\$ _____

**Payment Schedule for 4 equal payments**

September 30, 2017 \$ \_\_\_\_\_

November 30, 2017 \$ \_\_\_\_\_

January 31, 2018 \$ \_\_\_\_\_

March 31, 2018 \$ \_\_\_\_\_

**TUITION AND FEES PAYMENT SCHEDULE:** I would like to pay tuition and school fees:

in full—one payment

4 equal payments (1st on Sept 30, then 3 equal payments on the balance, due Nov 30, Jan 31, Mar 31) by **cash or check**

4 equal payments (1st on Sept 30, then 3 equal payments on the balance, due Nov 30, Jan 31, Mar 31) by **credit card**

Credit card information:  Master Card or  Visa or  Discover

Name on credit card \_\_\_\_\_

Card Number# \_\_\_\_\_ expiration date \_\_\_\_\_ security code # \_\_\_\_\_

I authorize the St. Haralambos Church to deduct scheduled tuition payments from this credit card.

Signature \_\_\_\_\_

Registered by: \_\_\_\_\_