## SAINT BARBARA GREEK LANGUAGE SCHOOL REGISTRATION FORM 2016-2017

Δελτίον Εγγραφής Ελληνικού Σχολείου

FAUTEN NAME:	7010 (11 (13) 14A11 (
FATHER'S CELL PHONE:	MOTHER'S CELL PHONE:
FATHER'S E-MAIL:	MOTH(R'S (-MAIL:
ADDRESS (Διεύθηνση):	
	HOME PHONE:
INCASE OF AN EMERGENCY DURING SCHOOL HOU	RS PLEASE CONTACT (OTHER THAN PARENTS):
NAME / PHONE:	
	SCHOOL ΑGE (Ηλικία) DATE OF BIRTH (Ημεφομηνία Γεννήσεως)
REGISTRATION FEE (INCLUDES BOOKS)	
STEWARDS	
1 CHILD \$225.00 2 CHILDREN \$375.00 3 CHILDREN \$475.00	NON-STEWARDS \$350.00 PER CHILD
Please take the time to ans	wer the following questions:
Is Greek spoken at home? Has your c	hild had any formal Greek instruction?
If yes, where and how many years?	· 
Are there any allergies, medical conditions or learning iss	sues that we should be aware of?
If yes, please specify:	
If Possible spell your child's name in Greek:	
Child's Shirt Size (Each student will receive a 'School Shirt' to wear during	ng Greek School Celebrations): Child S M L Adult S M L XL
in Kindergarten Level at School. For more information conce Resource Guide, which is available at the Church Office or Chu this registration form to the Church Office as soon as possib	t <b>Barbara Greek Language School your child must be enrolled</b> rning the Saint Barbara Greek School please refer to the Ministry urch Web Site www.saintbarbara.org Please complete and return ble or bring the completed form to Church during Registration ember 15, 2016. Παρακαλούμε, επιστρέψετε το δελτίον ας, ευχαριστούμε.

SAINT BARBARA GREEK ORTHODOX CHURCH - 480 RACEBROOK ROAD - ORANGE, CONNECTICUT 06477