



Greek School

Registration Form

2015-2016

Family Last Name: _____ (English)

_____ (Greek)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

E-mail: _____

Alternate Cell Phone: () _____ - _____

Communication:

Saint Athanasios Greek School uses e-mail as the primary means of communicating with our parents, staff and students to reduce paper consumption, printing costs and provide timely communication. Email communication may consist of information from Rev. Dr. Peter Spiro, Parish Council and Greek School staff. The school may also use social media such as Evite and Facebook for Greek School programs and events and promotion of our Greek School. Email and family information will only be used for Greek School purposes and will not be shared with anyone without family consent.

Do you wish to receive communication from Greek School by e-mail? Yes _____ No _____



Greek School

Medical Emergency and Treatment Form 2015-2016

Student Name: _____ Date of Birth: _____

Allergies: _____

Medical Conditions: _____

Medication: _____

Physician's Name: _____ Office Number: () _____ - _____

Limitations/Requested treatment: Please identify any health limitations or immediate treatment you would request the school staff to administer while waiting for emergency help to arrive. _____

Student Name: _____ Date of Birth: _____

Allergies: _____

Medical Conditions: _____

Medication: _____

Physician's Name: _____ Office Number: () _____ - _____

Limitations/Requested treatment: Please identify any health limitations or immediate treatment you would request the school staff to administer while waiting for emergency help to arrive. _____

Student Name: _____ Date of Birth: _____

Allergies: _____

Medical Conditions: _____

Medication: _____

Physician's Name: _____ Office Number: () _____ - _____

Limitations/Requested treatment: Please identify any health limitations or immediate treatment you would request the school staff to administer while waiting for emergency help to arrive. _____

In the event of a medical emergency, the school staff will promptly call 911 services and contact the parent or guardian designated as the primary emergency contact. However, in the event that the parent or guardian cannot be reached, school will contact a relative, friend or neighbor from your alternate emergency contacts and hereby authorize the parish priest or school staff to take emergency action deemed necessary, including transporting student to nearest hospital or medical center.



Greek School

Emergency Contact Form and Alternate Contact Information

This form will be used to call persons in the order listed in case of an emergency.

Primary Contact Name: _____ (relationship to student) _____

Phone: _____ Cell Phone: _____

Alternate Contact Name: _____ (relationship to student) _____

Phone: _____ Cell Phone: _____

Alternate Contact Name: _____ (relationship to student) _____

Phone: _____ Cell Phone: _____



Greek School

Allergy Notification Policy

Saint Athanasios Greek School Families:

As part of our on-going commitment to provide a safe and enjoyable learning environment for every student, as a school we do not allow any outside treats to be brought in for any celebration or birthday event. We have students in our school with life-threatening allergies. If you wish to celebrate your child's birthday with the students in his/her class, we ask that you provide non-food related items such as, stickers, pencils, etc.

As a reminder to all staff and families, there is to be no food consumed in the classrooms. Please take a moment to talk with your child regarding this important information.

We thank you for your cooperation in seeing that all students stay safe while attending Saint Athanasios Greek School.

Parent Signature: _____ date: _____

By signing this notice, I agree to the above stated policy.



Greek School

Photo Consent and Release Form

Saint Athanasios Greek Orthodox Church and its affiliated ministries have published a website on the World Wide Web (www.saintathanasios.com). Our Greek School is part of this website and therefore will publish important information about events and school information. Part of this publishing may involve displaying work or photographs of staff and students.

Saint Athanasios Greek Orthodox Church and all affiliated ministries agree that the student's picture, art, written work, voice, verbal statements, portraits (video or still) shall only be published and used for public relations, public information school or parish promotion, publicity and instruction.

No personal information regarding the student (such as last name, address, or phone numbers) will be disclosed or published. If you agree to these terms, please sign and date this form and return it along with your registration packet. If, for any reason, you wish to revoke your decision, you may do so at any time by sending a written letter to the church office, "Attention Saint Athanasios Greek School Photo Consent.

_____ Yes, I give my permission for my child's first name, photograph or schoolwork to be published on the church website and other media.

_____ No, I do not give permission

Student Name: (print) _____

Parent's signature: _____ date: _____



Greek School

Payment Plan Agreement 2015-2016

Family Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ E-mail: _____

Tuition Rates:

One student: \$325 | Two students: \$625 | Three students: \$900 | Four students: \$1000

Payment plan options:

_____ One student, payment in full due by the first day of school. (cash, check, credit card or ACH direct deposit).

_____ Two or more students, payment in full due by first day of school. (cash, check, credit card or ACH direct deposit).

_____ Two or more students, pay in two equal installments. *First installment due by first day of school. *Second installment, due by January 15th, 2016. (cash, check, credit card or ACH direct deposit).

Credit card authorization

I _____, authorize Saint Athanasios Greek Orthodox Church in Aurora, IL to charge my credit card in accordance with payment schedule in payment plan agreement on behalf of Saint Athanasios Greek School.

Cardholder Name: _____

Address: _____

Credit card type: _____ Visa _____ MasterCard _____ Discover

Card# _____

Exp. Date: _____ 3 Digit CCV# (on back of card): _____

Cardholder signature: _____



Greek School

Parent Volunteer Sign Up Form

Throughout the school year, we will need your help! Some events are listed below in which we will need help in planning and carrying out. Please indicate what you would be available to help the Greek School with in the 2015-2016 school year. Thank you!

Oxi Day – Food Drive (October)

Signature: _____

Bougatsa Fundraiser: (usually in November before Thanksgiving, date TBD).

Pre-mixing the ingredients, signature _____

(done in church kitchen)

Folding bougatsas, signature _____

(done in church kitchen)

Set-up/day of sale, signature: _____

Clean-up/day of sale, signature: _____

Lambathes (Easter Candles): (Starts early January with ordering of candles, and purchasing of materials/decorating candles. The sale of Lambathes starts within 3 weeks of Easter and continues through Holy Week.)

Help decorate candles, signature: _____

Help to sell on Sundays and during Holy Week, signature: _____

March 25th Cultural day celebration (date TBD)

Signature: _____

Field Trip to Hellenic Museum (date TBD)

Signature: _____

Luncheon to Greek town (date TBD)

Signature: _____