

2019 / 2020 GREEK SCHOOL REGISTRATION

San Diego Greek Language School – St. Spyridon Church 3655 Park Blvd. San Diego, Ca. 92103

Fall Semester _____ Spring Semester _____

First Child _____ DOB: _____ (\$230)

Grade level & name of public school _____

New Student Returning Student Speaks Greek Understands Greek

Second Child _____ DOB _____ (\$180)

Grade level & name of public school _____

New Student Returning Student Speaks Greek Understands Greek

Third Child _____ DOB _____ (\$150)

Grade level & name of public school _____

New Student Returning student Speaks Greek Understands Greek

Parents name (s): _____

Address _____ City _____, CA. Zip _____

Phone: HM _____ Bus _____ Cell _____

E-mail: _____ E-mail: _____

Class Options: **Thur.** 4:15- 6:15pm **Fri.** 4:15- 6:15 pm **Sat.** 10:15-12:15 pm

I give permission to use my child's image on Greek School material and social media.

* Parent Signature(s) Required

TUITION INCLUDES BOOKS AND MATERIALS



OFFICE USE ONLY

Tuition: \$ _____ Amount Paid \$ _____ Date Paid _____

Books: \$ _____ Check # _____ Cash _____

Total: \$ _____ CC: _____ Receipt # _____

SAN DIEGO GREEK LANGUAGE SCHOOL

St. Spyridon Church 3655 Park Blvd. San Diego, CA 92103

RELEASE FORM

First Child (Full) Name: _____ DOB: _____

Second Child (Full) Name: _____ DOB: _____

Third Child (Full) Name: _____ DOB: _____

Fourth Child (Full) Name: _____ DOB: _____

Parents Name(s): _____

PLEASE READ CAREFULLY

I hereby grant St. Spyridon Greek Orthodox Church the right to photograph my child/children and use the photo and/or other digital reproduction of him/her for publication processes; whether electronic, print, digital or electronic publishing via the Internet. This also includes the school directory.

Yes___ No___

Signature_____ Date_____

I agree to waive and release St. Spyridon San Diego Greek Language School (which includes its officers, teachers, employees and volunteers) from any claims, cause of action, damages, losses, liabilities or expenses for any personal injury, property damage or death arising out of my child/children's participation in any activities and/or Greek School events. I understand that signing this waiver I am holding the Greek Language School of St. Spyridon Greek Orthodox Church (San Diego, CA) harmless from any liability resulting from my child/children's participation in such activities and/or events.

I certify that I have personally read and understand the waiver.

Signature_____ Date_____

NOTE: If your child/children has any learning challenges, please inform your child's teacher before classes begin. We will do our best to make whatever accommodations necessary.

This information will remain strictly confidential.

NOTE: If your child/children has any food allergies, please inform your child's teacher before classes begin.

This release form will remain in child/children's file(s), unless rescinded in writing. Initial _____