

ADULT GREEK LANGUAGE CLASSES

2019/20 GREEK SCHOOL REGISTRATION

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

(\$290.00 per Semester)

Spring Semester

Name: _____

Address _____ City _____ CA. Zip _____

E-mail: _____ Phone: H _____ Cell _____

Check all that apply:

- I am a new student
- I am a returning student
- I speak Greek
- I read Greek
- I understand Greek

Select a class:

- Beginner II Thursday 6:30pm-8:30pm
- Beginner II Saturday 10:30am-12:30pm
- Intermediate II Thursday 6:30pm-8:30pm
- Intermediate II Friday 4:30pm-6:30pm

Comments:

OFFICE USE ONLY

Tuition: \$		Date Paid:	
Books: \$		Receipt #:	
Total: \$			
Check #:			
Credit Card:			
Cash:			

For more info please contact Athena Georges
 athenakotinopoulos@gmail.com
 619-992-4452

SAN DIEGO GREEK LANGUAGE SCHOOL
St. Spyridon Church 3655 Park Blvd. San Diego, CA 92103

ADULT RELEASE FORM

Full Name: _____ DOB: _____

PLEASE READ CAREFULLY

I hereby grant St. Spyridon Greek Orthodox Church the right to photograph me and use the photo and/or other digital reproduction of myself 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 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 participation in such activities and/or events.

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

Signature _____ Date _____

NOTE: If you have any learning challenges, please inform your teacher before classes begin. We will do our best to make whatever accommodations necessary. This information will remain strictly confidential.

NOTE: If you have any food allergies, please inform your teacher before classes begin.

This release form will remain in your file, unless rescinded in writing. Initial _____