**ΕΛΛΗΝΙΚΟ ΑΠΟΓΕΥΜΑΤΙΝΟ ΣΧΟΛΕΙΟ ΑΓΙΟΥ ΝΙΚΟΛΑΟΥ**

**SAINT NICHOLAS GREEK AFTERNOON SCHOOL**

520 PONCA STREET, BALTIMORE, MD. 21224 Tel. Number: 410-633-5022

**ΑΙΤΗΣΗ ΕΓΓΡΑΦΗΣ/ REGISTRATION FORM**

**Σχολικό Έτος 2024-25/ School Year 2024-25**

**Please, complete this form by printing or typing the information in either Greek or English.**

**Παρακαλούµε να συµπληρώσετε τα στοιχεία που ζητούνται στα Ελληνικά/ Αγγλικά.**

# GRADE – ΤΑΞΗ

🞏 Pre-K 🞏 Kindergerten 🞏 1st 🞏 2nd 🞏 3rd 🞏 4th 🞏 5th 🞏 6th 🞏 Ellinomatheia 🞏 Adults

# STUDENT DATA - Στοιχεία µαθητή/µαθήτριας

ΟΝΟΜΑ ΠΑΙΔΙΟΥ/ **STUDENT’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **και στις 2 γλώσσες/ in both languages - GR & EN**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ΔΙΕΥΘΥΝΣΗ**/ HOME ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ΤΗΛΕΦΩΝΟ**/ TELEPHONE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ΚΙΝΗΤΟ ΤΗΛΕΦΩΝΟ**/ CELL PHONE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ΗΜΕΡ. ΓΕΝΝΗΣΕΩΣ ΜΑΘΗΤΗ−ΡΙΑΣ**/ STUDENT’S DATE OF BIRTH:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ΟΝΟΜΑ ΠΑΤΕΡΑ**/FATHER’S NAME (GR & EN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ΤΟΠΟΣ ΓΕΝΝΗΣΕΩΣ ΠΑΤΕΡΑ/ **FATHER’S PLACE OF BIRTH: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ΟΝΟΜΑ ΜΗΤΕΡΑΣ/ **MOTHER’S NAME (GR & EN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ΤΟΠΟΣ ΓΕΝΝΗΣΕΩΣ ΜΗΤΕΡΑΣ/ **MOTHER’S PLACE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Σε περίπτωση ανάγκης επικοινωνείστε µ**ε:

Emergency contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Τηλέφωνο ατόµου ανάγκης:**

Do you have internet access? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Έχετε διαδίκτυο;**

Medical issues we should be aware of (allergies etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ιατρικά θέµατα που πρέπει να γνωρίζουµε (π.χ.αλλεργίες)**

**B. Photography Policy:**

We would like families to know that the school may, from time to time, take photographs of the students for use in St. Nicholas Greek Orthodox Church or School publications, or school media (i.e. the church website). If you do not wish your child's photograph to be used, you must submit your request in writing with this form.

\*\*\*NOTE: St. Nicholas Greek Orthodox Church or School cannot control photograph or film taken by the general media.

**C. Payment Procedures:**

1. Payment in full must accompany each registration.
2. Registration fees are based on each student’s family stewardship status with St. Nicholas Church or a nearby church. A certificate in good standing must be presented at the time of registration from neighboring church.
3. Current stewards of St. Nicholas or families, who wish to become stewards of St. Nicholas, please see the Church Secretary prior to submitting this registration form.
4. Tuition will not be refunded for registration cancellations after September 30, 2024.
5. Tuition: $ 750.00 per student, includes tuition, books and security guard.

 Notes (for office use only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Method of payment: \_\_\_\_\_\_\_\_\_\_\_\_ Cash: \_\_\_\_\_\_\_\_\_\_\_\_Check (#\_\_\_\_\_\_\_\_\_\_)

 Receipt No. Of Stewardship Payment: \_\_\_\_\_\_\_\_\_\_\_\_ Receipt No. Tuition Payment: \_\_\_\_\_\_

**D. Volunteering:**

One parent of each family is required to volunteer her/his time for a minimum of one Greek School event per year and one festival shift. More information will be shared by the PTA at the beginning of the school year.

\*\* I understand that all lessons end at 6:10PM for the 1st shift and 7:45PM for the 2nd shift and I agree to picking up my child/children from the Church's Atrium waiting Hall with no more than a 5 minutes' delay. The Greek School bears no responsibility for the students' safety past that time.

## Parent Signature/ Υπογραφή γονέα \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_