

Sts. Constantine and Helen Greek Orthodox Church

Greek School Registration

Date: _____
Student's Name: _____
Age: _____
Date of Birth: _____
Greek School Grade: _____
Father's Name: _____
Mother's Name: _____
Address: _____
Telephone Home: _____
 Work: _____
 Cell: _____
E-Mail Address: _____
Remarks: _____

Emergency Information

Name of Relative or Family Friend: _____
Telephone: _____
Name of Student's Physician: _____
Telephone: _____
Allergies: _____

(In case of emergency your child will be taken to the nearest hospital.)

Tuition Information

First Child: \$125 Second Child: \$100 Third Child: \$75

Make checks payable to: Sts. Constantine and Helen Greek Orthodox Church
On Memo line indicate for: Greek School Tuition

Mail check with completed Registration form to:
Sts. Constantine and Helen Greek Orthodox Church
1001 East Wyomissing Boulevard
Reading, Pennsylvania, 19611
Attn: Greek School

Note: Payments must be received by September 19th