

# ST HARALAMBOS PRESCHOOL AND KINDERGARTEN

7373 Caldwell Avenue  
Niles, IL 60714  
2010-2011 REGISTRATION FORM

PRESCHOOL [    ]  
PRE-KINDER [    ]  
KINDERG.    [    ]

CHILD'S FULL NAME \_\_\_\_\_ MALE (    ) FEMALE (    )

CHILD'S NAME in Greek \_\_\_\_\_ KNOWN AS \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

CHILD'S NAMES DAY \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_

CHILD'S HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_ FATHER'S WORK PHONE # \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_ MOTHER'S WORK PHONE # \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

**IN CASE OF EMERGENCY**, if unable to contact the father or mother, please call one of the following people:

1. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Name of Hospital Preferred \_\_\_\_\_

IN CASE OF EMERGENCY, PERMISSION IS GRANTED for my child to be treated by a doctor or hospital. Permission is also granted for my child to participate in walking excursions or field trips, to use play equipment and to be included in pictures taken for the purpose of school publicity. I affirm that the above information is correct to the best of my knowledge, and hereby release the Holy Taxiarchi and St. Haralambos Greek Orthodox Church, its council members, officers, principal and agents of all liability in connection with the operation and conduct of the St. Haralambos School.

FOR 2010 STEWARDS of St Haralambos Church or other Greek Orthodox churches, tuition for the St Haralambos School 2010-2011 school year is \$2,850 plus \$100.00 for Book Fee and \$25 for PTA dues. Enrichment is an additional cost of \$725 per child.

**A \$200.00 NON-REFUNDABLE DEPOSIT IS REQUIRED FOR TUITION AND \$100 ADDITIONAL FOR ENRICHMENT AT THE TIME OF REGISTRATION.**

**TUITION PAYMENT SCHEDULE:**

- If tuition is paid in full by September 30, 2010, \$100 will be deducted from the total family tuition.**
- Including the \$200 prepaid deposit for tuition, a minimum of \$1000 is due by Sept. 30, 2010.**
- A minimum second payment of \$600 is due by November 30, 2010**
- A minimum third payment of \$600 is due by January 30, 2011**
- Final payment of \$650 must be paid by March 30, 2011.**
- A late fee of \$100 will be added after March 30, 2011.**

I verify that we are 2010 Stewards/members at the Greek Orthodox Church of \_\_\_\_\_

Membership# \_\_\_\_\_ PARENT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE**

(    ) Birth Certificate      (    ) Doctor's Health Exam      (    ) 2010 Membership      (    ) PTA

TUITION	\$ <u>2850.00</u>	DATE	RCT #	AMOUNT	BALANCE
PTA MEMBERSHIP	\$ <u>25.00</u>	<u>  /  /  </u>	# <u>      </u>	\$ <u>      </u>	\$ <u>      </u>
Book Fee	\$ <u>100.00</u>	<u>  /  /  </u>	# <u>      </u>	\$ <u>      </u>	\$ <u>      </u>
ENRICHMENT (\$725)	\$ <u>      </u>	<u>  /  /  </u>	# <u>      </u>	\$ <u>      </u>	\$ <u>      </u>
EARLY PAYMENT (-\$100 before 9/30/10)	\$ <u>      </u>	<u>  /  /  </u>	# <u>      </u>	\$ <u>      </u>	\$ <u>      </u>
<b>TOTAL AMOUNT DUE</b>	\$ <u>      </u>	<u>  /  /  </u>	# <u>      </u>	\$ <u>      </u>	\$ <u>      </u>
AMOUNT RECEIVED	\$ <u>      </u>	<u>  /  /  </u>	# <u>      </u>	\$ <u>      </u>	\$ <u>      </u>

Registered by \_\_\_\_\_

PAID IN FULL (    )