



St. John's Greek
405 N. DALE ANAHEIM

REGISTRATION FORM

The first day of Greek School will be **September 12th**. Classes will meet on **Wednesdays, from 4-6 pm (Introduction/Pre-School classes meet 4-5:30)**. Timely registration ensures that St. John's can enter into appropriate teacher contracts well in advance of next year's term. Tuition must be paid in full OR payment plans confirmed with the church office. Tuition is for the entire school year, no refunds for missed or dropped classes due to schedule conflict.

Introduction/Pre-school class is tentative depending on registration. Students must be 4 years old and potty trained-no pull-ups. **Beginners/Kindergarten students must** be 5 years old.

Students will be provided with class books and appropriate handouts throughout the school year. **Books and materials \$60.00** --- Additional fees for the replacement of loss of books or materials

Early bird registration

Complete the registration process online by **August 20** to take advantage of the lower prices!

Early bird registration deadline is August 20, 2018.

Payments can be made in whole or 3 equal payments due on 8/20, 10/20, 12/20/2018.

Tuition

+ Books and materials \$60.00

Member of St. Johns Greek Orthodox Church			Non-Member		
	<u>Early bird</u>	<u>Regular</u>		<u>Early bird</u>	<u>Regular</u>
1 st Child	\$375.00	\$415.00	1 st Child	\$575.00	\$615.00
2 nd Child	350.00	390.00	2 nd Child	550.00	590.00
3 rd Child	325.00	365.00	3 rd Child	525.00	565.00
4 th Child	300.00	340.00	4 th Child	500.00	540.00
Pre-School	\$250.00	\$290.00	Pre-School	\$450.00	\$490.00

Please remember that is a language school and not a traditional age school. A 10-year-old student can be in 1st level along with 7-year-old students. A student does not automatically progress to the next grade without having passing the basic exams of the current class. This ensures that the language is being taught properly and that the student fully realizes the education received.

Greek School Calendar

DATE	EVENT		
2018		2019	
September 12	Classes begin	March 24	Greek Independence Day Celebration
October 28	OXI Day Celebration	April 24	No class-Holy Easter Week
November 21	Thanksgiving Break	May 15 & 22	No Class-Festival
December 19	Christmas Program	June 5	Last Day
Dec 26 & Jan 2	No classes-Christmas Break		

*** Dates are subject to change.

Last Name _____ #children enrolling _____

Updates are sent via e-mail throughout the school year...please provide an email address

E-mail address _____

Home Address _____

City _____ Zip _____

Home Phone _____

Work Phone _____

Mother's name _____ Father's name _____

Mother's Cell _____ Father's Cell _____

Members of St. John Greek Orthodox Church Y/N _____

1st CHILD

Name (English) _____

Name (Greek) _____

Birthdate and age _____

Grade in traditional school _____

Attended Greek school last year Y/N and what grade _____

What grade do you want to enroll in? _____

2nd CHILD

Name (English) _____

Name (Greek) _____

Birthdate and age _____

Grade in traditional school _____

Attended Greek school last year Y/N and what grade _____

What grade do you want to enroll in? _____

3rd CHILD

Name (English) _____

Name (Greek) _____

Birthdate and age _____

Grade in traditional school _____

Attended Greek school last year Y/N and what grade _____

What grade do you want to enroll in? _____

4th CHILD

Name (English) _____

Name (Greek) _____

Birthdate and age _____

Grade in traditional school _____

Attended Greek school last year Y/N and what grade _____

What grade do you want to enroll in? _____

CONSENT TO TREATMENT OF A MINOR CHILD

We the undersigned, parents of _____, _____,
_____, and _____, do hereby consent to any
emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment and
hospital service that may be rendered to said minor(s) under the general or special
instructions of any physician and surgeon licensed under the provisions of the medical
practice act on the medical staff of a licensed hospital, whether rendered at the office of said
physician or at a licensed hospital. It is understood that this consent is given in advance to
ST. JOHN THE BAPTIST GREEK ORTHODOX CHURCH or any of its representatives and
said physician to exercise their best judgment as to the requirements of such diagnosis or
treatment.

List children by first name and tetanus shot information here.

- | | | | | | | |
|----|-------|----------------------|------------|------------|-------|-----------|
| 1. | _____ | HAS HAD TETANUS SHOT | YES | Month/Year | _____ | NO |
| 2. | _____ | HAS HAD TETANUS SHOT | YES | Month/Year | _____ | NO |
| 3. | _____ | HAS HAD TETANUS SHOT | YES | Month/Year | _____ | NO |
| 4. | _____ | HAS HAD TETANUS SHOT | YES | Month/Year | _____ | NO |

THIS CONSENT SHALL REMAIN EFFECTIVE UNTIL _____(date)
UNLESS SOONER REVOKED IN WRITING DELIVERED TO SAID PHYSICIAN OR SAID
PERSONS ENTRUSTED WITH CUSTODY OF SAID MINOR.

Signature _____ Date _____

Relation to child _____ Phone _____

Witness (required) _____

MEDICAL CARE AUTHORIZATION FORM

Pursuant to California Family Code section 6910, I _____, a parent having legal custody of _____, a minor child, hereby authorize St. John's Greek Orthodox Church, an adult person into whose care such a minor child has been entrusted, to consent to any X-ray examination or similar examination, anesthetic medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-Ray examination anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay any and all costs for the foregoing.

This authorization shall remain effective until **June 5, 2019.**

Print parent name _____

Signature _____

Date _____

PARENT CODE OF CONDUCT

Parents Have the Right to:

1. Be treated courteously, fairly and respectfully by all school staff.
2. Get information about the policies and procedures that relate to their children's education.
3. Request a report, written or oral, regarding their children's academic progress or behavior.
4. Receive information and prompt notification of inappropriate or disruptive behaviors by their children and any disciplinary actions taken by St. John's Greek School staff.
5. Receive information from St. John's Greek School staff about ways to improve their children's academic or behavioral progress.

Parents Have the Responsibility to:

1. Make sure their children attend school regularly and on time.
2. Tell teachers or Board members about any concerns or complaints in a respectful and timely manner.
3. Work with teachers and other Greek School staff to address any academic or behavioral problems their children may experience.
4. Support Greek School staff members by being a role model for their children and talking with their children about school and expected behavior.
5. Be respectful and courteous to staff, other parents guardians and students while on church premises.
6. Teach their children respect and dignity for themselves and other children and teach their children appropriate behavior towards other children.
7. Ensure a parent or guardian is present at all Greek School functions or parties and ensures proper supervision of their children at such events.

I acknowledge that I received, read and understand the Parent Code of Conduct information above.

Signature _____

Date _____

PHOTO RELEASE

I hereby grant and assign St. John's of Anaheim Greek School, the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotions, all photographic, video and digital camera images.

I do **NOT** wish to have my child's photographic, video, and digital camera images be used in any content related to St. John's of Anaheim as stated above.

Student Name(s): _____

Signature: _____

Date _____

Print Name: _____

Phone No.: _____

Address: _____

PAYMENT

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CHILD 1 _____ Tuition \$ _____

Books & materials \$ _____

CHILD 2 _____ Tuition \$ _____

Books & materials \$ _____

CHILD 3 _____ Tuition \$ _____

Books & materials \$ _____

CHILD 4 _____ Tuition \$ _____

Books & materials \$ _____

TOTAL DUE: \$ _____

PAID BY: CHECK _____

CASH _____

CREDIT CARD NUMBER _____ CCV _____

EXP DATE _____

TOTAL AMOUNT TO CHARGE \$ _____

SIGNATURE _____

DATE _____

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Member of St. Johns Greek Orthodox Church

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