

**ST. NECTARIOS GREEK ORTHODOX CHURCH**  
**133 ROSELLE ROAD PALATINE, ILLINOIS 60067 (847)358-5170**  
**GREEK SCHOOL REGISTRATION FORM**  
**2010-2011**

FAMILY (LAST NAME): \_\_\_\_\_

REGISTRATION FOR: \_\_\_\_\_ WEEKDAY (TUES/FRI) PROGRAM OR \_\_\_\_\_ SATURDAY PROGRAM

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**STUDENT INFORMATION** (CHILDREN MUST BE 4 YEARS OLD BY SEPTEMBER 1, 2010 TO ENROLL IN THE PRE-SCHOOL CLASS, AND 5 YEARS OLD TO ENROLL IN THE KINDERGARTEN CLASS),

1. STUDENT'S FIRST/LAST NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ M/F \_\_\_\_\_ 2010/2011 GRADE: \_\_\_\_\_  
Mo/DAY/YR ON 9/1/10

2. STUDENT'S FIRST/LAST NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ M/F \_\_\_\_\_ 2010/2011 GRADE: \_\_\_\_\_  
Mo/DAY/YR ON 9/1/10

3. STUDENT'S FIRST/LAST NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ M/F \_\_\_\_\_ 2010/2011 GRADE: \_\_\_\_\_  
Mo/DAY/YR ON 9/1/10

4. STUDENT'S FIRST/LAST NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ M/F \_\_\_\_\_ 2010/2011 GRADE: \_\_\_\_\_  
Mo/DAY/YR ON 9/1/10

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**FAMILY INFORMATION**

HOME ADDRESS: \_\_\_\_\_ CITY/ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FATHER'S CELL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MOTHER'S CELL: \_\_\_\_\_

**STUDENT DIRECTORY**

THE SCHOOL WILL BE COMPILING A SCHOOL DIRECTORY. I GIVE MY CONSENT TO HAVE THE FOLLOWING INFORMATION PRINTED IN THE DIRECTORY:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**SPECIAL CONDITIONS**

ARE THERE ANY SPECIAL MEDICAL CONDITIONS/ALLERGIES OR OTHER INFORMATION THE SCHOOL SHOULD KNOW?

\_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

OFFICE USE

DATE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_