

St. Nectarios Greek Orthodox Church  
133 Roselle Road Palatine, Illinois 60067 (847)358-5170  
Greek School Registration Form  
2009-2010

Family (Last Name): \_\_\_\_\_

**Student Information** (children must be 4 years old by September 1, 2009 to enroll in the Pre-School class, and 5 years old to enroll in the Kindergarten class),

1. Student's First Name \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_ 2009/2010 Grade: \_\_\_\_\_  
Mo/Day/Yr on 9/1/09
2. Student's First Name \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_ 2009/2010 Grade: \_\_\_\_\_  
Mo/Day/Yr on 9/1/09
3. Student's First Name \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_ 2009/2010 Grade: \_\_\_\_\_  
Mo/Day/Yr on 9/1/09
4. Student's First Name \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_ 2009/2010 Grade: \_\_\_\_\_  
Mo/Day/Yr on 9/1/09

**Family Information**

Home Address: \_\_\_\_\_  
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?

\_\_\_\_\_

**Special survey:** We are researching the possibility of adding a Saturday program in addition to the weekday program at some point in the future. If a Saturday program were offered, would you opt for this program over the weekday/after school program? (students would attend one or the other, but not both).

Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Office use  
Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_