

Application for Saint Sophia Cathedral Greek School Nursery to Level Six 2019-2020

FILL OUT ALL PERTINENT INFORMATION ON THE APPLICATION FORM

- **PLEASE COMPLETE THE EMERGENCY FORMS FOR YOUR CHILD/CHILDREN (ONE FOR EACH CHILD SEPARATELY PLEASE)**
- **STUDENTS ENTERING THE NURSERY PROGRAM MUST BE 2.5 YEARS OLD BY SEPTEMBER 1, 2019 (EXCEPTIONS MADE IF CHILD IS TOILET TRAINED, VERBAL, UNDERSTANDING DIRECTIONS)**
- **SATURDAY CLASSES WILL TAKE PLACE AT THE FROSENE CENTER OF SAINT SOPHIA CATHEDRAL ON SATURDAY MORNINGS FROM 10:00 A.M. TO 1:00 P.M. PICK UP TIME IS PROMPTLY AT 1:00 P.M.**
- **STUDENTS MAY BRING SNACKS AND A TIME WILL BE ALLOCATED FOR SNACK TIME. PLEASE MAKE SURE SNACKS ARE NUT FREE.**
 - **STUDENTS WILL RECEIVE GREEK LANGUAGE, CULTURE, AND DANCE INSTRUCTION ON A SCHEDULED BASIS.**
- **TEXTBOOKS ARE INCLUDED IN THE COST. ALL TEXTS WILL BE PAPALOIZOS TEXTS THIS YEAR FOR ALL STUDENTS.**

GREEK SCHOOL FEES, CHECK THE DATE THAT YOUR CHILD/REN WILL BE ATTENDING (CHECK OFF THE BOX TO THE LEFT THAT QUALIFY FOR):	
TUITION FOR CLASS AND DANCE	Saturday classes- (\$525.00) for single child, 2 nd child (\$850.00 TOTAL) and the 3 rd child (\$1200.00 TOTAL). Must be registered and paid for at the same time. This is also the fee for the parents that are stewards of Saint Sophia Cathedral.

APPLICATION FORM: REGISTRATION 2019-2020

SAINT SOPHIA CATHEDRAL GREEK SCHOOL

2815 36TH STREET, NW

WASHINGTON, DC 20007

TEL: 202-333-4730 FAX: 202-625-7173 EMAIL: OFFICE@SAINTSOPHIADC.COM

PLEASE FILL OUT ALL INFORMATION:

NAME OF STUDENT (S):

1) _____

2) _____

3) _____

4) _____

BIRTHDATE (S):

1) _____

2) _____

3) _____

4) _____

LEVEL OF STUDENT (S): (PLEASE NOTE LEVEL IN GREEK LANGUAGE PROFICIENCY: IF PREVIOUS STUDENT WHAT LEVEL CLASS COMPLETED LAST SCHOOL YEAR CIRCLE)

1) **PRE-K K 1 2 3 4 5 6**

2) **PRE-K K 1 2 3 4 5 6**

3) **PRE-K K 1 2 3 4 5 6**

4) **PRE-K K 1 2 3 4 5 6**

ADDRESS:

TELEPHONE #S: HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS (ES): _____

WORK PHONES: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

ALTERNATE CONTACT PERSON:

ADDRESS/TELEPHONE #/EMAIL ADDRESS OF CONTACT PERSON:

MEDIA PERMISSION (ALLOWED TO SHARE PHOTOGRAPHS ON CHURCH WEBSITE, SOCIAL MEDIA PLATFORM, ADVERTISEMENT) CIRCLE:

YES NO

BEST WAY TO CONTACT FOR WEATHER CLOSINGS, EMERGENCIES (PLEASE CIRCLE ONE):

EMAIL TEXT CALL

PARENT AGREEMENT:

I UNDERSTAND THAT MY CHILD/REN MUST BE IN CLASS AT LEAST 5 MINUTES PRIOR TO THE BEGINNING OF CLASS. I FURTHER UNDERSTAND THAT I MUST PICK UP THE CHILD/REN ON TIME OTHERWISE A CHARGE OF \$10.00 PER 5 MINUTES DELAY WILL BE BILLED TO ME. I UNDERSTAND THAT THERE ARE NO REFUNDS FOR THE PROGRAM AFTER SEPTEMBER 30, 2019. MY CHILD/CHILDREN MUST ATTEND AND COMPLY BY THE RULES AND REGULATIONS OF THE SAINT SOPHIA CATHEDRAL GREEK SCHOOL. I ALSO ACKNOWLEDGE THAT I MUST BE NOTIFIED OF ANY EMERGENCY SITUATION THAT MAY ARISE; SCHOOL CLOSINGS, CHANGE OF SCHEDULES OR ILLNESS OR INJURY TO THE CHILD/CHILDREN. I ACKNOWLEDGE THAT I MUST REPORT TO THE SCHOOL ON ANY INDIVIDUAL NEEDS RELATED TO MY CHILD'S EDUCATIONAL PROGRAM.

_____ (SIGN AND DATE)

METHOD OF PAYMENTS/SUBMISSION OF FEES: YOU MAY PAY BY CASH, CHECK, CREDIT CARD THROUGH THE FAITH DIRECT WEBSITE, IN PERSON AT THE CHURCH OFFICE OR AT THE REGISTRATION TABLE ON THE FIRST DAY OF SCHOOL.

CHECKS MADE OUT TO SAINT SOPHIA CATHEDRAL (INDICATE GREEK SCHOOL)

CREDIT CARD YOU NEED TO FILL OUT FOR MAIL IN OR AT REGISTRATION DESK:

CREDIT CARD (MC/VISA) _____

EXPIRATION DATE: _____

SECURITY CODE (THREE DIGIT #) ON BACK: _____

NAME THAT IS ON THE FRONT OF THE CARD _____

AMOUNT: _____
