



ST. JOHN'S GREEK SCHOOL

77 Montauk Hwy, Blue Point NY 11715
Phone 631-363-6450



In person	Online
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REGISTRATION FORM • ACADEMIC YEAR 2020-2021

	Name	DOB	American School Grade	Greek School Grade
Child #1	_____	_____	_____	_____
Child #2	_____	_____	_____	_____
Child #3	_____	_____	_____	_____

FAMILY INFORMATION:

(Name & Relationship)

(Address)

(email address)

(_____) _____
(Phone #)

(Name & Relationship)

(Address)

(email address)

(_____) _____
(Phone #)

Emergency Contact: _____
(Name & Relationship)

(_____) _____
(Phone #)

Physician's Name: _____

(_____) _____

Children's allergies: _____

Children's health/medical conditions*: _____

*For children with medical conditions, a parent/guardian MUST stay in school grounds during classes.

American School Name: _____

American School District: _____

Family Name:

PAYMENT

GRADE	TUITION	#OF CHILDREN	AMOUNT
All	\$180 each (Sept.-Dec.2020)	_____	_____
	<i>*Tuition & Schedule for Jan-May '21 TBA.</i>		
		Subtotal:	_____
		Total after 10% Sibling Discount (if applicable):	_____
		Amount Paid:	_____

Date of Payment: _____

Method of Payment: _____

Balance: _____

* Stewardship: There is a \$100 fee for non-member families.

Member? Yes No

\$100 fee: _____ (Date & Method of Payment)

*Tuition for Spring Semester 2021 (*To be completed in Jan.2021*)