

REGISTRATION FORM 2018-2019

SAINTS PETER AND PAUL GREEK SCHOOL
 ΕΛΛΗΝΙΚΟ ΣΧΟΛΕΙΟ ΑΓΙΩΝ ΠΙΕΤΡΟΥ ΚΑΙ ΠΑΥΛΟΥ
 1401 Wagner Road
 Glenview, Illinois 60025

Church Phone (847) 729-2235 Church Fax (847) 729-6562

Last Name	First Name	Greek Name	Birth Date	Circle One Class	Tuition
			Date Month Year ____/____/____		
1 st Child	_____	_____	____/____/____	Mon/Thurs Saturday	\$ _____
2 nd Child	_____	_____	____/____/____	Mon/Thurs Saturday	\$ _____
3 rd Child	_____	_____	____/____/____	Mon/Thurs Saturday	\$ _____
4 th Child	_____	_____	____/____/____	Mon/Thurs Saturday	\$ _____

Books and supplies per child \$ 50.00
 Sub total \$ _____

- None refundable Deposit at \$100/Per Child \$ _____

PLEASE PRINT CLEARLY

Balance Due \$ _____

Parent Name(s)	Home Phone	Work Phone	Mobile Phone	E-mail
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Mom _____

Dad _____

Mother's place of work _____

Type of work _____ Phone# _____

Father's place of work _____

Type of work _____ Phone # _____

Home Mailing Address:

Street: _____ City _____ Zip _____

Signature of Parent: _____ Date _____

Tuition per child	Members	Non Members
Monday Thursday 4:30-6:15	\$850.00	\$950.00
Monday Conversation 4:30-6-15	\$650.00	\$750.00
Saturday Preschool 9:30-11:30	\$675.00	\$775.00
Saturday K-6 9:30-12:30	\$850.00	\$950.00

Deduct \$50 from tuition of second child and another \$50 from tuition of third child.

If you are a member of Saints Peter and Paul you must be current in your stewardship in order to receive member tuition rates.
 The amount of \$ 25.00 per family will be waived if registered before May 31st **and the amount of \$ 25.00 will be added to the tuition if registered after May 31st for the existing families.**

The amount of \$100 nonrefundable deposit per student is required at the time of pre-registration. **Balance is due by October 31st.**
 Make checks payable to Saints Peter and Paul Greek school .

FOR OFFICE USE ONLY

Deposit Paid: _____ **Current stewards:** Yes No

Total Due _____
Balance Due: _____