

REGISTRATION FORM 2022-2023

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

Church Phone (847) 729-2235 School Director's phone (847) 529-5899

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

Educational materials per child \$ 50.00

P.T.O. donation per family \$ 30.00

Sub total \$ _____

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

PLEASE PRINT CLEARLY

Balance Due \$ _____

Parent Name _____ Home Phone _____ Mobile Phone _____ E-mail _____
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 _____

Emergency Contact Name _____ **Phone #** _____

Email _____ **Relationship** _____

Tuition per child	Members	Non Members
Monday 4:30 - 6:30	\$850.00	\$950.00
Saturday Preschool 9:30 -11:30	\$850.00	\$950.00
Saturday K-6 9:30 -12:30	\$950.00	\$1050.00

Deduct \$25 from tuition of second child and another \$25 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 \$50.00 per family will be waived if you register by June 1st.

The amount of \$100 nonrefundable deposit per student is required at the time of registration.

Balance is due by October 31st. A late payment fee of \$ 50.00 will be added if paid later than October 31st unless other payment arrangements will be made.

Make checks payable to Saints Peter and Paul Greek school.

Signature of Parent: _____ Date _____

FOR OFFICE USE ONLY

Deposit Paid: _____ Current stewards: Yes No

Total Due _____

Balance Due: _____

PHOTO RELEASE FORM

Please write clearly

I _____, I _____
(mother's name) (father's name)

hereby **GIVE PERMISSION** to Saints Peter and Paul Greek school to post photographs of my child / children participating in Greek school programs and activities on the church's web site, face book, messenger or Sunday bulletin.

Child #1 _____

Child #2 _____

Child #3 _____

I _____, I _____
(mother's name) (father's name)

hereby **DO NOT GIVE PERMISSION** to Saints Peter and Paul Greek school to post photographs of my child / children participating in Greek school programs and activities on the church's web site, face book, messenger or Sunday bulletin.

Child #1 _____

Child #2 _____

Child #3 _____

Father's signature _____

Mother's signature _____

Date: Month _____ day _____ year _____

Please complete and return this form along with the registration form.