REGISTRATION FORM 2024-2025

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

Church Phone (847) 729-2235 School Director's phone (847) 529-5899 email theostell@aol.com

Last M	Name	First Name	Greek Name	Birth Date Date Month Year	Circle One	Tuition		
1 st Child				//	Mon / Saturday	\$		
2 nd Child				//	Mon / Saturday	\$		
3 rd Child				//	Mon / Saturday	\$		
					materials per chil donation per famil Sub total			
				None refundable Deposit at \$100/Per Child \$				
PLEAS PRINT CLE	CARLY		Goes to	owards the tuition	Balance Due	\$		
Parent Name Mom			Home Phone	Mobile Phone	E-mail			
Mother's place of	of work							
			Phone#					
Father's place of	f work							
			Phone #					
Home Mailing A Street:				City	Zip	·		
Emergency Cor Email			-	hone				
Tuition per child	1		Members	No	ne members			
Mondays	4:	30 - 6-30	\$850.00		\$950.00			
Saturday Presch Saturday K-6		<u>30 -11:30</u> 30 -12:30	\$850.00 \$950.00		\$950.00 <u></u> \$1050.00			
Saturuay N-0	9:.	<u>50 -12.30</u>			φ1030.00 <u></u>			

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 \$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: _____