

REGISTRATION FORM 2025-2026

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

Educational materials per child \$ 50.00

P.T.O. donation per family \$ 50.00

Sub total \$ _____

None refundable deposit at \$100.00 Per Child \$ _____

Goes towards the tuition

PLEAS 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 _____ Cell phone _____

Email _____ Relationship _____

Tuition per child		Members	None members
<i>Mondays</i>	<i>4:30 - 6:30</i>	<i>\$850.00</i>	<i>\$950.00</i> _____
Saturday Preschool	9:30 -11:30	\$850.00	\$950.00 _____
Saturday K-6	9:30 -12:30	\$950.00	\$1050.00 _____

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 \$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: _____