

# REGISTRATION FORM 2026-2027

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 <sup>st</sup> Child	_____	_____	_____	Mon / Saturday	\$ _____
2 <sup>nd</sup> Child	_____	_____	_____/_____/_____	Mon / Saturday	\$ _____
3 <sup>rd</sup> 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

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 \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_

Tuition per child		Members	None 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 \$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 15th.**

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

**Balance is due by October 31<sup>st</sup>. A late payment fee of \$ 50.00 will be added if paid later than October 31<sup>st</sup> 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: \_\_\_\_\_