

# Registration Form 2024-25

Saint Nicholas Greek Orthodox Church  
Stephen & Areti Cherpelis  
Hellenic Orthodox Life Academy

## Student Information

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_

## Parent/Guardian Contact Information

Mother: First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Father: First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
Mother: Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father: Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

## Alternate Pick-up/Release Information

First Name \_\_\_\_\_ Last name \_\_\_\_\_  
Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Emergency Contact Information – Alternate Pickup/Release

First Name \_\_\_\_\_ Last name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relation to child \_\_\_\_\_

- I give permission to have my child taken to the hospital in case of an emergency Yes \_\_\_\_\_ No \_\_\_\_\_
- Special Medical/Allergy Information \_\_\_\_\_
- I give permission to have my child's name and photograph used for promotional purposes, in reference to the HOLA Program: Yes \_\_\_ No \_\_

## **FOR KINDERGARTEN – 8<sup>TH</sup> GRADE**

Number of Days Attending:	1 day ___	2 days ___	3 days ___	4 days ___	5 days ___	<b>Registration</b>
Days Attending:	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	Fee per Family
<b>Monthly Cost</b>	<b>\$185</b>	<b>\$275</b>	<b>\$325</b>	<b>\$385</b>	<b>\$455</b>	<b>\$75</b>

## **FOR NURSERY – PRE-K**

Number of Days Attending:	1 day ___	2 days ___	3 days ___	4 days ___	5 days ___	Registration
Days Attending:	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	Fee per Family
<b>Monthly Cost</b>	<b>\$245</b>	<b>\$315</b>	<b>\$390</b>	<b>\$455</b>	<b>\$525</b>	<b>\$75</b>

Forms of payment: Check, Cash, Credit Card (Credit Cards can be accepted, in person, on the phone)

\*Please note that by signing below, you agree and understand that monthly fee is due on the first of every month. There will be no invoice issued

\*\*For one time or recurring monthly credit card payments there will be a 2.3% surcharge per transaction.

If you would like a recurring charge on your credit card, please call the church office at (718) 357-4200

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_