

REGISTRATION FORM

HELLENIC AFTERNOON SCHOOL & MAZI Morning Class

Cost for School Year if you register

Class	CLASS HOURS	BY JULY 31 ST	PAST JULY 31 ST	AMOUNT DUE
MAZI Mama (Thursday 4:30-5:30 pm)	1	\$ 270	\$ 295	
MAZI Thaskala (Thursday 4:30-5:30 pm)	1	\$ 270	\$ 295	
Junior Pre-K (Thurs 4:30-6pm)-must be 4 years old by Oct 1 st)	1.5	\$ 405	\$ 445	
Pre-K (K in Public School)	2	\$ 535	\$ 590	
Kindergarten (Gr. 1 in Public School)	2	\$ 535	\$ 590	
Level 1 (must have attended HAS K)	2	\$ 535	\$ 590	
Level 2	2	\$ 535	\$ 590	
Level 3	2	\$ 535	\$ 590	
Level 4	2	\$ 535	\$ 590	
Level 5	2	\$ 535	\$ 590	
Level 6	2	\$ 535	\$ 590	
<i>PTA DUES: \$15 per family + \$10 per student for Mardi Gras Donation</i>		\$15 + \$10 family +student	\$15 + \$10 family +student	
NOTE: each additional Child's tuition will receive a 10% discount				

FAMILY NAME

1. Prior to Registration the previous year's tuition, stewardship commitment and fees must be **paid in full**.
2. At the time of Registration, you must have completed a St. Andrew **2017 Stewardship Commitment Card** or fill one out in order to register.
 - a. For Stewards of St. Andrew, a minimum Stewardship Pledge of \$500 (with \$375 paid-to-date at the time of Registration) is required - - OR - -
 - b. For Non-Stewards of St. Andrew, the \$500 fee must be paid in full at the time of Registration.

The full 2017 Stewardship Pledge must be fulfilled by December 31st 2017

3. PTA Membership (**\$15** per Family) + (**\$10** per student / for *Mardi Gras Donation*) must be paid in addition to the regular tuition

When these requirements have been fulfilled and the Registration has been reviewed by the education committee, you will be notified of each student's class placement.

If you experience financial difficulties, please arrange a meeting with Father John to discuss options and/or suitable arrangements.

All St. Andrew Parishioners with a 2017 Stewardship Commitment Card of \$ 2,000 and above who have paid \$1,000 at time of Registration will be entitled to
 1 Free Tuition for 2017 – 2018 school year with a 10% discount for any additional children registered.

SEPTEMBER 2017- June 2018

CHILD	NAME	GRADE IN PUBLIC SCHOOL	AGE ON OCT. 1 ST	PREVIOUS HAS CLASS	2017-2018 HAS CLASS	PRICE
1						
2						
3						
4						
ADDITIONAL FEES			DESCRIPTION			
PTA Annual Membership (per family)			\$15 per family + \$10 per student			
Non Steward Fee			\$ 500			
					TOTAL	\$

Payments	Date due	OFFICE USE ONLY
25% of tuition <i>plus PTA charges and all of the Non-Steward fee due at time of Registration</i>	No later than July 31 st , 2017	Date Received _____
50% due	No later than Sep. 15 th , 2017	Check # _____
25% due	No later than Nov. 15 th , 2017	Receipt # _____
Withdrawal	Amount	Amount Paid \$ _____
Before School starts	100% refund less \$ 75	Approved by _____
Before Oct. 1 st , 2017	80% refund	
Before Jan. 15 th , 2018	50% refund	
After Jan. 15 th , 2018	No refunds	

Requests for refunds must be completed in writing and sent to:

Hellenic Afternoon School |St. Andrew Greek Orthodox Church
1447 Sussex Turnpike, Randolph, NJ 07869

TOTAL AMOUNT DUE	TUITION IF REGISTER BY JULY 31ST	TUITION IF REGISTER AFTER JULY 31ST	PTA	NON- STEWAR D	TOTAL
Payment 1 due at registration (25%)			\$15 + \$10 family +student		
Payment 2 by Sep 15 th 2017 (50%)					
Payment 3 by Nov 15 th 2017(25%)					

I _____ agree to pay St. Andrew Church the sum of
PRINT PARENT'S NAME
 \$ _____ for the 2017-2018 Hellenic Afternoon School year and will commit to fulfilling my Stewardship Pledge.

I further agree to abide by the terms of this Registration Form and to pay by the dates listed.

Parent or Guardian **X** _____

SEPTEMBER 2017- June 2018

CHILD 1 Information

FAMILY NAME:		STUDENT'S NAME :	
Επώνυμο Family Name in Greek		Όνομα Μαθητή/Μαθήτριας STUDENT'S NAME IN GREEK	
Baptismal Name:	Celebrated on	Date of Birth:	- - HAS GRADE:
Physician's Name:		Phone:	
Hospital (St. Clare's or Morristown):			
Allergies:			
Copy of Medical form given to Public School		<i>include on separate sheet</i>	Other Information we should know

CHILD 2 Information

FAMILY NAME:		STUDENT'S NAME :	
Επώνυμο Family Name in Greek		Όνομα Μαθητή/Μαθήτριας STUDENT'S NAME IN GREEK	
Baptismal Name:	Celebrated on	Date of Birth:	- - HAS GRADE:
Physician's Name:		Phone:	
Hospital (St. Clare's or Morristown):			
Allergies:			
Copy of Medical form given to Public School		<i>include on separate sheet</i>	Other Information we should know

CHILD 3 Information

FAMILY NAME:		STUDENT'S NAME :	
Επώνυμο Family Name in Greek		Όνομα Μαθητή/Μαθήτριας STUDENT'S NAME IN GREEK	
Baptismal Name:	Celebrated on	Date of Birth:	- - HAS GRADE:
Physician's Name:		Phone:	
Hospital (St. Clare's or Morristown):			
Allergies:			
Copy of Medical form given to Public School		<i>include on separate sheet</i>	Other Information we should know

CHILD 4 Information

FAMILY NAME:		STUDENT'S NAME :	
Επώνυμο Family Name in Greek		Όνομα Μαθητή/Μαθήτριας STUDENT'S NAME IN GREEK	
Baptismal Name:	Celebrated on	Date of Birth:	- - HAS GRADE:
Physician's Name:		Phone:	
Hospital (St. Clare's or Morristown):			
Allergies:			
Copy of Medical form given to Public School		<i>include on separate sheet</i>	Other Information we should know

SEPTEMBER 2017- June 2018

FAMILY Information

1	Family's LAST NAME:
2	Mother's 1 st Name : Maiden Name:
3	Father's 1 st Name:
4	Street Address ----- City, State, Zip
5	Day Phone Mother: Father:
6	HOME Phone Mother: Father:
7	E-Mail * (please complete- this is how we will contact you with school happenings) Mother: Father:

EMERGENCY Numbers (if a parent cannot be reached please call one of the following)

Name:
Relationship:
Phone/Cell 1:
Phone/Cell 2:
Name:
Relationship:
Phone/Cell 1:
Phone/Cell 2:

HAS Classes will begin: Thursday September 14 at 10-11:00am MAZI Mama & Thaskala
 Thursday September 14 at 4:30-6:30pm PK, K, & Grades 1-6
 Thursday September 14 at 4:30-6:00pm Jr. Pre- Kindergarten

Parents, please consider volunteering to help out as needed with Hellenic Afternoon School functions

Parents, please fill out the following:

_____ **I give permission** to St. Andrew to have pictures of my child on any written or electronic publication or social media page of St. Andrew Greek Orthodox Church.

_____ **I DO NOT give permission** to St. Andrew to have pictures of my child on any written or electronic publication or social media page of St. Andrew Greek Orthodox Church.

Parent Signature _____ **Date** _____

Questions? e-mail Vasiliki Petrakos at info@standrewgonj.org or call 973-584-0388
 Or Salomi Massaras at salomi@optonline.net