**Stephen & Areti Cherpelis Hellenic Orthodox Life Academy of St Nicholas Shrine Church**

**Student Information**

First --------------- Middle ----------- Last---------- ---- -

Date of Birth-- -- ---------- Grade-------- Gender: male female

street Adress----------------------------------------------

Town/City State\_\_\_ Zip Code

**Parent/Guardian#1 Contact Information** Mother/Father

First Middle Last----------------

Street Address----------------------------------------------

Town/City State Zip Code \_

Cell Phone Work Phone--------------------

Email -------------------------------

**Parent/Guardian#2 Contact Information** Mother/Father

First Middle Last----------------

Street Address----------------------------------------------

Town/City State Zip Code\_ \_

Cell Phone Work Phone--------------------

Email

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**Emergency Contact Information - Alternate Pickup/Release**

First Name Last name------------------- Phone Email ------------------------------ Relation to child

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Days attending: | 1 day | 2 days | 3 days | 4 days  -- | 5 days  -- | Registration fee per family |  |
| Monthly  Cost | $100 | $150 | $ 180 | $210 | $250 | $50 | |

• I give permission to have my child taken to the hospital in case of emergency Yes\_ No

• I give permission to have my child's name and photographs to be used for the After School

Program's promotional purposes Yes No

**Parent's Signature:** ----------------------- **Date:** / /