



REGISTRATION FORM 2018-2019

FAMILY INFORMATION:

| | | |
|-------------------------------|-------------------------|----------|
| FAMILY NAME | HOME NUMBER () | |
| Father's/Guardian's Full Name | CELL NUMBER () | E-MAIL |
| Mother's/Guardian's Full Name | CELL NUMBER () | E-MAIL |
| STREET ADDRESS | CITY | ZIP CODE |

BACK-UP EMERGENCY CONTACT (If parent can't be reached)

| | | |
|------|-------|--------------|
| NAME | PHONE | RELATIONSHIP |
|------|-------|--------------|

STUDENT INFORMATION:

| | | | |
|---------------------|-------------------------------|-----------------------------|-----------------------|
| STUDENT NAME | DATE OF BIRTH (MM/DD/YYYY) | GRADE IN AMERICAN SCHOOL | GRADE IN GREEK SCHOOL |
| ALLERGIES | | MEDICAL CONDITIONS | |

| | | | |
|---------------------|---------------------------------------|-------------------------------------|------------------------------|
| STUDENT NAME | DATE OF BIRTH (MM/DD/YYYY) | GRADE IN AMERICAN SCHOOL | GRADE IN GREEK SCHOOL |
| ALLERGIES | | MEDICAL CONDITIONS | |

| | | | |
|---------------------|---------------------------------------|-------------------------------------|------------------------------|
| STUDENT NAME | DATE OF BIRTH (MM/DD/YYYY) | GRADE IN AMERICAN SCHOOL | GRADE IN GREEK SCHOOL |
| ALLERGIES | | MEDICAL CONDITIONS | |

Please take the time to answer the following questions:

Is Greek spoken at home? Always Sometimes Rarely Never

Has your child had any formal Greek Instruction? Yes No

If yes, please specify _____

If possible, spell your child/children's name in Greek:

Would you like to be a member of the P.T.A.? Yes _____ No _____

PARENT'S SIGNATURE: _____

DATE: _____

Tuition Payment: The preferred method of payment is through the online billing and payment system. To pay, please visit www.saintdemetrios.org/donate and chose the Tuition Icon. Individuals that prefer to pay in person may visit the church office for assistance and payment scheduling. The registration period begins May 1st and ends on the first day of the school year.

Tuition obligations are in effect during a student’s absence from school, school break or vacation period, or other days when school is not in session. If a family or individual is faced with temporary financial hardship and cannot make tuition payments, they may speak confidentially with the Presiding Priest of the Parish.

Discounted Tuition – Only applies to members in good standing

Sibling Tuition Discount: If more than one (1) child in a family is enrolled in Saint Demetrios Greek School at the same time, tuition will be discounted as follows:

- First Child: No discount (full tuition required)
- Second Child: \$90 discount
- Third Child: \$180 discount
- Fourth Child: \$360 discount
- Fifth Child and above: FREE

Overdue Tuition & Fees: Timely payment of tuition and fees is essential to the operations of Saint Demetrios. If a tuition or fee payment is overdue, the below steps will be followed. Parents should contact the school office with questions regarding tuition and fees.

- 30 days overdue from the time the payment is due = letter sent home and a late fee of \$25 will be assessed
- 60 days overdue from the time the payment is due = letter sent home and a late fee of \$50 will be assessed
- 90 days overdue from the time the payment is due = the child or children will not be permitted to attend classes until receipt of the scheduled tuition payments have been made.

Parents will not be permitted to register students if any tuition or fees are overdue from any prior years.

Tuition Referral Program: Limit – one per school year

For every new family that you refer, you will receive a \$100 reduction in your total current year’s tuition.

***TUITION FEES: Includes all learning materials.**

| <u>CHILDREN</u> | <u>MEMBERS</u> (9 Monthly Payments) | <u>NON-MEMBERS</u> (9 Monthly Payments) |
|----------------------------|--|--|
| CHILD 1 | \$75 per Month (Total - \$675) | \$120 per Month (Total - \$1085) |
| CHILD 2 - (\$90 discount) | \$65 per Month (Total - \$585) | \$65 per Month (Total - \$585) |
| CHILD 3 - (\$180 discount) | \$55 per Month (Total - \$495) | \$55 per Month (Total - \$495) |
| CHILD 4 - (\$360 discount) | \$35 per Month (Total - \$315) | \$35 per Month (Total - \$315) |
| CHILD 5+ (FREE) | FREE | \$50 per Month (Total - \$400) |
| Pre-K and Kindergarten | \$40 per Month (Total - \$360) | \$40 per Month (Total - \$360) |

***Payment schedules: Full, 4 Equal Payments, 9 Monthly Payments. First payment is due September 15th.**

***** THIS PAGE WILL NOT BE SUPPLIED TO PARENTS. THIS IS FOR DEVELOPMENT OF THE WEBSITE PORTAL FOR TUITION PAYMENT*****

TUITION PAYMENT SCHEDULE:

First Payment is due September 15th.

I would like to pay tuition and school fees:

in full—one payment

4 equal payments (1st payment due Sept 15th, then 3 equal payments due Nov 15th, Jan 15th, Mar 15th)

9 equal monthly payments (Due on the 15th of the month starting in September and ending in May)

Credit card information: Master Card Visa Discover AMEX

Name on credit card _____

Card Number# _____ expiration date _____ security code # _____

I authorize the St. Demetrios Greek Orthodox Church to deduct scheduled tuition payments from this credit card.

I affirm that the above information is correct to the best of my knowledge, and hereby release Saint Demetrios Greek Orthodox Church of Upper Darby PA and St. Demetrios Greek Language School, its council members, officers, principal and agents of all liability in connection with the operation and conduct of the Saint Demetrios Greek School. I further acknowledge that enrolling my child(ren) commits our participation in all Greek School programs and activities.

Signature _____

Date: _____

Registered by: _____