

REGISTRATION FOR GREEK SCHOOL

FAMILY NAME: _____

CHILDREN:

NAMES	AGES	How much Greek do they know?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADULTS for Conversational Greek:

_____	_____
_____	_____
_____	_____

HOME ADDRESS:

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DO ANY OF THE CHILDREN HAVE ALLERGIES? Yes No

If yes, please describe: _____

What are your preferences for class meeting times (please mark whether for children or adults)?

Weekday(s)	Possible times available
_____	_____
_____	_____
_____	_____
_____	_____