

Early Registration
Discount of **\$100**
for returning
families by June
30th.

Check the box:

2023

Holy Cross Church

Membership Receipt

Holy Cross Greek Orthodox Church of Whitestone
Efsthathios & Stamatiki Valiotis Greek Afternoon School
12-03 150th Street Whitestone, NY 11357

School: (718) 747-3803 (4:00pm-6:00pm)

Church Office:(718)767-2955 (9:00am-5:00pm)

Church Office E-mail: info@holycrossgreekchurch.COM

AGS Registration Form for 2023-2024 School Year

Student(s) Information: **LAST NAME** _____

First Name	DOB	GRADE	DAYS ATTENDING
Child resides/children reside with:	Mother	Father	Both Parents

Mother's Last Name:	First Name:
Address:	City: Zip Code:
Occupation:	Work #:
Cell #:	Home #:
E-mail Address:	

Father's Last Name:	First Name:
Address:	City: Zip Code:
Occupation:	Work #:
Cell #:	Home #:
Father's E-mail Address:	

Emergency Contact:	Relationship:
Home #:	Cell #:
Emergency Contact:	Relationship:
Home #:	Cell #:

Food Allergies: (SUBMIT DOCTOR'S NOTE)
Restriction of Activity and/or of a Person:

AGS AGREEMENT (INITIAL AND SIGN)

_____ Must be a member of Holy Cross Church for current year 2023. Family dues **\$400** paid to Holy Cross Church of Whitestone.

_____ **Non-Refundable: Tuition down payment \$150 per child**

_____ Building/Security Maintenance fee **per family \$200**

_____ Pre-K to 8th Grade **Book Fee per child \$35** (all non-refundable)

_____ All fees must be paid at the time of registration and 50% of Tuition is due by 1st day of School, Monday, September 11, 2023

_____ The Remaining 50% balance of tuition must be paid by November 1st, 2023.

_____ A \$35 penalty fee will be charged for any checks returned unpaid.

_____ **REFUND POLICY AS FOLLOWS:** A child who has registered for Greek Afternoon School but does not attend, will not be entitled to a refund for all the additional fees. Students who attend classes: Until October 15th will be refunded 50% of the tuition given, by November 2nd will be refunded 25% of the given tuition.

_____ **NO REFUNDS for TUITION paid will be honored after November 30th, 2023.**

x _____
Parent Signature

Date

**All necessary information has been provided and explained to me. I am fully aware of the school's schedule, procedures, and refund policy. I understand that all school rules and regulations as set forth by the School Board must be obeyed and by signing this contract, I affirm my consent.*

Tuition Twice a Week (Pre-kindergarten-7th Grade)	Tuition Once a Week	Additional Fees Applied: PAID TO HOLY CROSS A. G. S.
1 child: \$900	1 child once a week: \$700 (8 th grade)	Building/Security Maintenance Fee per family: \$200
2 children: \$1,600	2 children once a week: \$1,200 (8 th grade))	Book Fee per child: 35\$ (Pre-K-8 th grade)
3 children: \$2,300	1 child once a week (8 th grade) & 1 child twice: \$1,500	PTA Fee: \$50 per family (paid with a separate check to Holy Cross Greek Afternoon School PTA)
4 children: \$2,900	1 child once a week (8 th grade) & 2 children twice: \$2,300	REGISTRATION FEE PER FAMILY \$100

PAYMENT OPTIONS:

CHECK

CASH

Name:		
Address:		
Amount:		
Check#	Amount:	Received by:

- ◆ *If my child is ill or an emergency occurs and my child must be taken home, I give permission for the following individuals to be called and my child released to them.*

Name/Relationship	
Phone:	Cell#:
Name/Relationship	
Phone:	Cell#:
Physician's Name	Phone:

- ◆ *I give permission to have my child taken to the hospital in case of emergency.*
- ◆ *I don't give permission to have my child taken to the hospital in case of emergency.*

Parent's Signature _____ Date: _____

- ◆ *Please inform us of any medical problems, allergies, or other special needs: **Yes / No***
If yes, please specify Child's Name & Type of Allergy/Need: Name: _____
 Allergy/Need: _____

- ◆ **Photo / Media Consent:** *I allow photos and/or videos of program activities that may have captured my child's participation to be shared through Holy Cross's and Greek Afternoon School's website and social media pages. **Yes / No***