

**SAINT JOHN THE BAPTIST GREEK ORTHODOX CHURCH
PYTHAGORAS GREEK SCHOOL**

REGISTRATION FORM 2009 – 2010

CHECK PROGRAM:

_____ **Greek School**
Pre K – 6
High School (7-12)
Saturday 9:00 – 1:15

_____ **GSL Program**
Levels 1 – 5
Ages 5 – 13
Wednesday 5:00 – 7:00

Last Name
(English) _____ **(Greek)** _____

Address _____ **City** _____

State _____ **Zip** _____ **Phone** _____

Mother's Name _____ **Cell Phone** _____

Father's Name _____ **Cell Phone** _____

E-Mail Address _____

_____ **check here if you would like to receive PTO updates via e-mail**

Students Name (English) _____ **Greek** _____

Date of Birth _____ **Greek School Grade** _____

Students Name (English) _____ **Greek** _____

Date of Birth _____ **Greek School Grade** _____

Students Name (English) _____ **Greek** _____

Date of Birth _____ **Greek School Grade** _____

Students Name (English) _____ **Greek** _____

Date of Birth _____ **Greek School Grade** _____

Name of Parish you are a steward of _____

(Please complete reverse side for emergency information)

EMERGENCY CONSENT FORM

Local persons to be called in case the parents cannot be reached:

NAME

PHONE

Does your child have any allergies: _____yes _____no

If yes please explain:

(Note: Teachers are not authorized to administer medicines or provide medical related services.)

Are there any medical concerns we need to be aware of: _____yes _____no

If yes please explain:

If the parents (or guardian) cannot be contacted in case of serious injury or illness, I authorize the school to take such emergency action as deemed necessary, including the transportation of the student to a hospital or medical center.

As a parent/guardian, I do herewith authorize treatment by a qualified and licensed medical doctor of the above listed minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact me.

Print name of parent/guardian

Parent/guardian signature & date