Greek School
Registration Packet
2016-2017

REGISTRATION INFORMATION
2016-2017

Classes will begin on Thursday September 1 , 2016 and Saturday September 3, 2016. **Classes for Levels 1-3 will meet on Thursday evenings from 5-7pm. Pre K class will meet on Saturday mornings from 10-11am.**
Introduction to Greek, Beginners, Intermediate and Advanced Levels.
(We reserve the right to cancel a class or transfer students to another group)

No class on Thursday April 13, 2017 (Holy week)

Tuition for Parishioners:

- With a non-refundable $100 deposit, tuition is $450 for the first child and $50 off of each additional child ($400, $350 etc..) if paid by **October 30**. After October 30 , tuition is $500 (including those who wish to pay with payment plans) for the first child and $50 off of each additional child. The $100 deposit will apply towards the tuition.

Tuition for non Parishioners is $650 if paid by October 30. After October 30, tuition is $700.

- For those who prefer to pay with Payment Plans, tuition is $500 for the first child and 50 off of each additional child. Installments should be paid monthly starting **Thursday October 3, 2016 through the Thursday February 9, 2017 either by check or cash.** All installments should be paid in full by **February 28, 2017**. All tuition should be turned in to Greek School Director Dia Agapios.
  For more information contact Dia Agapios at **greekschool@holytrinityindy.org**

- Prorated Refunds will be given until **September 30, 2016**. **After September 30, 2016 no refunds.**

*** Tuition includes books and parties (Christmas and Independence Day).**

For additional information on financial-need scholarships, please contact Fr Bill Bartz at fatherbill@holytrinityindy.org
or
Greek School Director Dia Agapios at greekschool@holytrinityindy.org

Registration Form 2016-2017

FAMILY INFORMATION

1. Parent's Name_____ Members of HTC ____Yes ___No
2. Address_____
3. Email_____& _____
4. Phone number (s): H_____ C_____ C _____

Adult responsible for transporting student (s) to and from school other than the parent (s).

1. Name_____ Relationship to the child_____
2. Address_____
3. Email_____ Phone: H_____ C_____

STUDENT(S) INFORMATION:

1. Name _____ Birthday_____ Grade _____M/F

   My child speaks ____ No _____Little _____Good _____Very Good Greek.

2. Name _____ Birthday_____ Grade _____M/F

   My child speaks ____ No _____Little _____Good _____Very Good Greek.

3. Name _____Birthday_____ Grade _____M/F

   My child speaks ____ No _____Little _____Good _____Very Good Greek.

4. Name _____Birthday_____ Grade _____M/F

   My child speaks ____ No _____Little _____Good _____Very Good Greek.

Mail this form along with your check payable to Holy Trinity Greek Orthodox Church
3500 W. 106th Street, Carmel, IN 46032.