

Holy Trinity Greek Orthodox Church

Greek School
2017-2018



REGISTRATION INFORMATION

2017-2018



Ice Cream Social Open House on Thursday, September 7, 2017 from 6-7 pm.

- Pre-K—Level 4 Classes begin Thursday, September 14, 2017, and will be held on Thursday evenings.
- Pre-K classes are held from 5:30-6:30 pm and Level 1- 4 classes are held from 5:00-7:00 pm.
- Conversational Greek Classes begin Saturday September 16, 2017, and will be held on Saturdays from 12:00-1:00 pm. There must be a minimum of five (5) students enrolled in order to proceed with this class.
- We reserve the right to cancel a class or to transfer students to another class.

Tuition :

- Tuition is \$450 for the first child and \$50 off each additional child (\$400, \$350 etc..). Tuition for non-Parishioners is \$700. A non-refundable \$100 deposit paid at time of registration will apply towards the tuition.
- For those who wish to pay the tuition in full , the tuition due date is **October 30, 2017.**
- For those who prefer to pay with Payment Plans, installments will be due monthly. All installments should be paid in full by **March 29, 2018.** For more information contact Cindy Watson at 317-733-3033 or at cindy@holytrinityindy.org .
- Prorated Refunds will be given until **September 29, 2017.** **No refunds after September 29, 2017.**

*** Tuition includes books, parties, and In-House Activities.**

For additional information on financial-need scholarships, please contact Father William Bartz

Holy Trinity Greek Orthodox Church Greek School Registration Form 2017- 2018

FAMILY INFORMATION

1. Parent's Name(s) _____ Members of HTC ___ Yes ___ No
2. Address _____
3. Email _____ & _____
4. Phone number (s): H _____ C _____ C _____

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

1. Name _____ Relationship to the child _____
Email _____ Phone: H _____ C _____
2. Name _____ Relationship to the child _____
Email _____ Phone: H _____ C _____
3. Name _____ Relationship to the child _____
Email _____ Phone: H _____ C _____

STUDENT(S) INFORMATION:

1. Name _____ Birthday _____ Nameday _____
Grade _____ M/F My child speaks ___ No ___ Little ___ Good ___ Very Good Greek
2. Name _____ Birthday _____ Nameday _____
Grade _____ M/F My child speaks ___ No ___ Little ___ Good ___ Very Good Greek
3. Name _____ Birthday _____ Nameday _____
Grade _____ M/F My child speaks ___ No ___ Little ___ Good ___ Very Good Greek
4. Name _____ Birthday _____ Nameday _____
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.

For Office Use only:

Paid in Full _____ Check# _____ Date _____

Payment Plan _____ Check# _____ Date _____