



**ΕΛΛΗΝΙΚΟ ΣΧΟΛΕΙΟ «ΕΥΑΓΓΕΛΙΣΜΟΣ ΤΗΣ ΘΕΟΤΟΚΟΥ»**  
**EVANGELISMOS TIS THEOTOKOU GREEK SCHOOL**  
**REGISTRATION FORM**



PLEASE PRINT CLEARLY –A SEPARATE FORM FOR EACH CHILD MUST BE COMPLETED

## REGISTRATION FORM 2019-2020

Please select one date:

THURSDAYS 5:30 –8:30 p.m. OR  SATURDAYS 9:00 a.m.- 12 p.m.

<b>STUDENT INFORMATION</b>			
ONOMA _____	ΕΠΩΝΥΜΟ _____	ONOMA ΠΑΤΡΟΣ _____	
FIRST NAME: _____		LAST NAME: _____	
DATE OF BIRTH : _____	AGE: _____	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
MONTH/DAY/YEAR			

<b>PARENT INFORMATION</b>			
Parent 1/ Guardian 1	FIRST NAME		LAST NAME
	ADDRESS		
TELEPHONE #	HOME	WORK	CELL
	EMAIL:		
Parent2/Guardian 2	FIRST NAME		LAST NAME
	ADDRESS (IF DIFFERENT THAN ABOVE)		
TELEPHONE #	HOME	WORK	CELL
	EMERGENCY CONTACT:		LAST NAME
TELEPHONE #	HOME	WORK	CELL
	RELATIONSHIP TO THE CHILD		

**In circumstances where there is a custody agreement in place, please attach a copy of Court/Custody Order. Please note that both parents/guardians have the right to pick up their child from school unless there is a Court/Custody Order prohibiting it.**

**STUDENT MEDICAL INFORMATION**

DOCTOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

OTHER PERTINENT INFORMATION: \_\_\_\_\_

EPIPEN REQUIRED AT PROGRAM (CIRCLE ONE): YES NO

**EMERGENCY CONSENT**

I hereby give my permission, that in case of an emergency resulting from an accident or illness while my child is attending Evangelismos Tis Theotokou Greek School, if I am not immediately available or cannot be immediately contacted, the necessary care for my child will be provided by a licensed physician or hospital where my child may be taken by ambulance and who may be hospitalized and secure proper treatment noted to be needed by a licensed physician. I understand that the staff of the Hellenic Orthodox Community of Oshawa will continue to contact me to inform me of the details of the emergency and any medical expenses incurred for such treatment are my responsibility. I have read and understood the above information and I agree and give my consent.

Signature of Parent 1:

Signature of Parent 2:

Date:

**PERSONS AUTHORIZED TO PICK UP STUDENT FROM SCHOOL (other than Parents/Guardians):**

The student will only be released to the person(s) listed below, unless verbal or written authorization is obtained from the parent/guardian:

Name	Relationship to the Child	Home Phone	Cell Phone	Work Phone
Name				
Name				

I hereby give Evangelismos Tis Theotokou, Sts. Nectarios and Gerasimos Greek Orthodox Church (Hellenic Orthodox Community of Oshawa and District) and Evangelismos Tis Theotokou Greek School permission to include my child's visual likeness (i.e., photographs, videos, etc.) and work in the church/community displays or media promoting the church/community/school programs or student achievement.  YES  NO

**I have read and understand the HELLENIC ORTHODOX COMMUNITY OF OSHAWA AND DISTRICT GREEK SCHOOL POLICY AND HANDBOOK.**

Parent Signature:

x

**TUITION FEES (text included)**

**Thursday Standard Fees: \$350 for the first child, \$325 for the second child, \$300 for each additional child.**

**Saturday Standard Fees: \$450 for the first child, \$425 for the second child, \$400 for each additional child.**

Amount paid \$ \_\_\_\_\_  CASH  CHEQUE \_\_\_\_\_  
 DEBIT/CREDIT

Additional details: \_\_\_\_\_

*(Cheques must be made payable to: Hellenic Orthodox Community of Oshawa and District.)*

*Payments can be made with post-dated cheques (up to three) with the last post-dated cheque dated for December 1, 2019. An additional 10% deduction is offered to members of the Hellenic Orthodox Community of Oshawa.*

***For Office Only***

HOCOO MEMBERS:			
YES	NO	MEMBERSHIP PAID	_____
Received by:		Date:	

**Hellenic Orthodox Community of Oshawa and District, 399 Farewell Street, Oshawa, ON,**

**L1H 6M1 Telephone: (905) 728-5965, Website: [www.goevangelismos.com](http://www.goevangelismos.com)**