



e-mail : stnicholasgrkschool@gmail.com phone : 647 220 8965

Registration Form

2024 - 2025

PERSONAL INFORMATION

Student's Full Name :

Student's Full Name in Greek :

Date of Birth : / / Grade : Grade completed in Greek School :

Month Date Year

Address

Parent's / Guardian's Name :

Parent's / Guardian's Name :

Contact Phone :

Contact Phone :

e-mail :

e-mail :

EMERGENCY CONTACT

Name :

Contact Phone :

HEALTH INFORMATION

Please, provide us with any information regarding allergies, necessary accommodations for students, including abilities, interests, and exceptionalities. This information will be shared with the classroom teacher and kept on file in the Office.

PARENT/GUARDIAN CONSENT

EMERGENCY :

I hereby grant permission that in the event of an emergency arising from an accident or illness while my child is attending St. Nicholas Greek School, if I am unavailable or can not be immediately contacted, the necessary care for my child will be provided by a licensed physician or hospital. They may be transported by ambulance to receive appropriate treatment and hospitalization as deemed necessary by the physician. I acknowledge that the staff of St. Nicholas Greek School will keep me informed of the emergency details and that any medical expenses incurred for such treatment are my responsibility.

I hereby exempt St. Nicholas Greek School and its teaching staff from any liability for accidents occurring during activities associated with the school, provided that standard safety procedures have been followed. INITIAL HERE :

PHOTO / VIDEO SHARING :

St. Nicholas School may periodically share photos of students in our Church/School/Community publications and communications, both in print and electronic formats, such as emails, website, social media, calendar, and newsletters. Students will only be present in group photos without individual identification. To consent to participation in photo sharing. INITIAL HERE:

HOLY COMMUNION DURING SCHOOL HOURS :

I give permission to my child to receive Holy Communion while Divine Liturgy is being held during school hours. INITIAL HERE :

ST. NICHOLAS GREEK SCHOOL INFORMATION AND POLICIES

NUT / ALLERGY AWARE PROGRAM

Our school prioritizes nut and allergy awareness. As our facility operates within a church or community building, there may be occasions where nuts, sesame, and other allergens are present. To ensure a safe learning environment, we kindly ask all students to refrain from bringing nuts, sesame, and identified allergens into our classrooms during school hours. Through our Nut/Allergy Aware program, we are committed to fostering a secure environment for all students.

NO ELECTRONIC DEVICES

Electronic devices are not permitted during class time unless specified by the teacher. Any student found using devices such as AirPods, iPods, iPhones, cell phones, or gaming devices during lessons will have the device confiscated and returned to the parent at the end of the school day.

ARRIVAL AND DISMISSAL ROUTINES

Students are required to arrive between 8:50 am and 9:00 am.

Parents or guardians are not permitted to accompany their child into the classroom; they must leave their child at the main entrance of school.

If your child needs to depart earlier notify both their teacher and the office. We kindly request that you try to minimize late arrival or early departures for the benefit of your child's education and prevent class disruption

If you are running late for dismissal time, contact the office as soon as possible. After 12:55 p.m., a fee will apply.

I have read and understood the information above, and I agree to the policies of the school. INITIAL HERE:

REGISTRATION FEES

1st Student : \$ 550	<input type="checkbox"/>
2nd Student : \$ 500	<input type="checkbox"/>
3rd Student : \$ 450	<input type="checkbox"/>
4th Student : \$ 50	<input type="checkbox"/>
After School Program : \$ 150 (per student)	<input type="checkbox"/>

Parent's /Guardian's signature :

Date:

FOR OFFICE USE ONLY

Total Amount Paid: \$ _____

Cash: Chq: Chq# / Name: _____

Payment Received by: _____ Receipt No: _____

Date: _____

After school program : Cash: Chq: Chq# / Name: _____