

# ASSUMPTION GREEK ORTHODOX CHURCH

## GREEK SCHOOL REGISTRATION FORM FOR 2024-2025 SCHOOL YEAR

### FAMILY INFORMATION:

FATHER: \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

MOTHER: \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

HOME ADDRESS \_\_\_\_\_

CITY STATE ZIP

FATHER'S TELEPHONE: \_\_\_\_\_  
HOME WORK CELL

MOTHER'S TELEPHONE: \_\_\_\_\_  
HOME WORK CELL

PRIMARY EMAIL ADDRESS: \_\_\_\_\_

CONTACT PERSON (IN CASE OF EMERGENCY):

NAME PHONE RELATIONSHIP TO STUDENT

IS GREEK SPOKEN AT HOME? YES / NO

### STUDENT(S) INFORMATION:

• 1<sup>ST</sup> CHILD: \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

DATE OF BIRTH: \_\_\_\_\_ GRADE IN PUBLIC/PRIVATE SCHOOL: \_\_\_\_\_

ALLERGIES OR ANY MEDICAL CONDITION(S): \_\_\_\_\_

• 2<sup>ND</sup> CHILD: \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

DATE OF BIRTH: \_\_\_\_\_ GRADE IN PUBLIC/PRIVATE SCHOOL: \_\_\_\_\_

ALLERGIES OR ANY MEDICAL CONDITION(S): \_\_\_\_\_

• 3<sup>RD</sup> CHILD: \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

DATE OF BIRTH: \_\_\_\_\_ GRADE IN PUBLIC/PRIVATE SCHOOL: \_\_\_\_\_

ALLERGIES OR ANY MEDICAL CONDITION(S): \_\_\_\_\_

**IS THERE ANYTHING SPECIAL THAT YOU WOULD LIKE TO TELL US ABOUT YOUR CHILD(REN) TO HELP US PROVIDE GOOD CARE (IEP, 504, VISION, ETC)?**

PHYSICIAN'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

- **BRING YOUR CHILDREN TO SCHOOL ON TIME.** Our time with your children is limited, and therefore precious. Late arrivals are disruptive to the class and are disrespectful to the instructors. Our teachers begin each class with a warm-up and set the agenda for the day. Please have your child arrive 5 minutes before the start of class. This will allow your child to settle in. Repeated absences from Greek School without proper explanation may result in the student not being promoted to the next grade level.
- **SCHOOL DISCIPLINE.** It is the expectation of all staff, parents and students that the classroom be a safe environment for learning. Students are not allowed to fight, misbehave, show disrespect toward the teachers or other students in class, during dance lessons or in the waiting area. Students who engage in such conduct will receive a verbal warning, and their parents will be notified verbally and in writing. After the first notification, the Director, teacher, and the Parish Council Liaison will meet with parents to review the possible expulsion from the Greek School program.
- **PICK UP YOUR CHILDREN AT DISMISSAL TIME.** Please be on time to pick up your children as our staff has other commitments after the duty day. Let's please respect that.
- **MAKE SURE YOUR CHILD COMPLETES THE HOMEWORK.** Homework is an important tool in reinforcing the lesson. Studies show that students who review their work from school do far better than those who do not. If you do not understand the homework assignment, please email the teacher.
- **COMMUNICATE WITH YOUR CHILD'S TEACHER.** It is important to be involved with your child's progress. If you have concerns, please let the teacher know. If your child needs to have special seating arrangements, contact the teacher. We want to make learning Greek as a second language enjoyable for all our students. We are here to help navigate this experience with you.
- **SNOW DAYS/SCHOOL CLOSINGS.** In the event of schools closing or afternoon activities being cancelled due to inclement weather, the Assumption Church Greek School will follow Manchester Public School protocol. Please look to WMUR for school closing updates. You will also receive an email/text from the Greek School Director.
- **SUPPORT THE SCHOOL ACTIVITIES.** We welcome parental involvement in our Greek School program during the special Greek School celebrations. We know we can always count on our parents to stay involved.

I give my child(ren) permission to participate in the Greek School Program and any associated events organized by it. I agree to indemnify and hold harmless the Assumption Greek Orthodox Church of Manchester, NH and its constituent representatives/organizations from any and all liability for personal injuries and/or property loss or damages to my child(ren) that may arise in any way from participating in these programs/activities. This includes, but is not limited to any transportation to or from any activities including liability that may result from alleged negligence of the church and its representatives. I also agree to allow my child(ren) to be treated for emergency medical conditions that should result from any injuries received providing such treatment is advised by a medical physician. I accept full responsibility for any and all cost which may be related to such treatment.

Furthermore, I understand that my child(ren) might be photographed while participating in the program and such photos may appear in electronic (i.e. website), paper (i.e. monthly bulletin), or other publications available/distributed via the church.

**Fees: \$75 Book Fee per student due at registration**

**\$125 Registration Fee per family for non-Assumption Church members due at registration**

**First Day of School: Tuesday, September 24<sup>th</sup> (Grade 5) / Thursday, September 26<sup>th</sup> (Grades 1-4)**

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_