

# Saint Anthony's Greek Language and Theater class Registration 2019-2020

## Friday Classes 4:00pm – 7:00pm

### Greek Language class (4:00pm – 6:00pm)

### Theater class (6:00pm – 7:00pm)

**First Day: Friday September 13<sup>th</sup>, 2019**  
**Last Day: Friday May 29<sup>th</sup>, 2020 – total of 31 class sessions**

**Students attending Friday classes can participate in the Theater class with no additional cost. Students who do not wish to participate in the Theater class, will continuous with the Greek Language class until 7:00pm**

**Instructions:** Please fill out one form for each student and mail to address below.

- Tuition is \$800\* per student who is attending Friday Classes and Student's Family is in Good Standing with St. Anthony
- Tuition is \$1100\* per student who is attending Friday Classes and Student's Family is non-Member of St. Anthony
- If Payment is paid in full before **September 12<sup>th</sup>**, then a \$50 discount will apply.
- Completed forms are due with payment of:
  - \*- \$750 Student Family in Good Standing with St. Anthony by **September 12th**
  - \*- \$1050 for non-members, by **September 12th**
- **Make check payable to: St. Anthony's Greek School**
- Mail to: St. Anthony Greek Orth. Church/ Greek School, 778 South Rosemead Blvd, Pasadena, CA 91107-5613. For more information, call the church office at: (626)449-6943

	Tuition Eligible Members	Tuition Non-Eligible Members & Non-Members
<b>Beginners II, III</b>	<b>\$ 800*</b>	<b>\$1100*</b>
<b>Intermediate</b>	<b>\$ 800*</b>	<b>\$1100*</b>
<b>Advanced</b>	<b>\$ 800*</b>	<b>\$1100*</b>

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Entering American School by Sept. 2019: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Home Phone \_\_\_\_\_

Non-Parent Emergency Contact: \_\_\_\_\_

I have received and read the St. Anthony's Greek School Program Bylaws including Participant Code of CONDUCT. I agree to abide by them

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office use only:** Payment and registration received by:

Amount Paid \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Date received \_\_\_\_\_ Initials \_\_\_\_\_