## Ελληνικό Σχολείο Γλώσσας & Πολιτισμού Ευαγγελισμός Annunciation Greek Language & Culture School 3511 Yoakum Blvd. Houston, TX 77006-4388

713.526.5377 ext. # 257 or 832.242.9257

## Children's Registration 2019-2020 (Age: 4 years and above)

	(Age. 4 years and above	;)	
1. Student's Name:	Date of	f Birth:	
2. Address:	City:	Zip:	
3. Telephone (Mom): Home	Work:	Cell:	
4. Telephone (Dad): Home	Work:	Cell:	
5. Mother's Name:Father's Name:			
6.E-mails of both parents:	/		
Allergies or medical conditions teachers sho	ould be aware of:		
CLASSES BEGIN FRID	AY SEPTEMBER 13, 2	2019 at 5:00pm – 7:30 pm	
Pre-K, Kindergarten, 1st Grade through 6	<sup>h</sup> Grade, Middle Schoo	I Grades 7-9 and Ellinomatheia Preparat	tion
(We reserve the right to	cancel the class or tra	insfer students to another group)	
Pre- K (4 years old) please choose one:	<b>A.</b> Friday 3:30- 4:45pr	m, Tuition for the year: \$480	
	<b>B.</b> Friday 5:00- 7:30pr	m, Tuition for the year: \$650	
Parents' Agreement: (Required field)  1. My child is in grade in elem  2. Language we speak at home: Greek by English by both parents Other (  3. I give permission to the school to post n page. Yes No Parents sign have read and I understand the Program, Ru	/ both parents Group of the please specify) hy child/children picture gnature:	eek by mother/father only  es on the school's website and Facebook	
to the Greek School for the year of 2019-20 u			
Name of parent(s):	Signat	ure:	
<ul> <li>A \$ 100 deposit per student is required This fee \$100 is not refundable if you che</li> <li>Tuition is required in full by September</li> <li>Please make checks payable to A.G.O.</li> <li>You can find the registration forms online</li> </ul>	for early enrollment. It wil noose to cancel the enroll 1, 2019 (last day for regis C. (credit card payment a ne www.agoc.org/82/gree	Iment. stration) for the academic year. available)	
For information please contact the director: K	aterina Kontogeorgal	ki 832-242-9257 katerinakonto@agoc.c	org
For office use only			
Attending Grade for 2019-2020 year:	Teache	or:	
Date of registration:	PTO sc	cholarship	
Paid: check #	credit c	ard:	