

GOMSOC GREEK SCHOOL
Class Location-Capistrano Business Center
27129 Calle Arroyo Suite 1803
San Juan Capistrano California 92675
Deme (949) 798-9237

Greek School Registration Form
2009-2010

Name of Parents _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ (mother)

_____ (father)

If you would like information/updates e-mailed to you, please provide e-mail address:

In Case of Emergency Contact (if neither parent can be reached):

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Relationship _____

Name of child	Date of Birth	Sex	Years of Greek School/ Level
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1. _____	_____	_____	_____
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2. _____	_____	_____	_____
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3. _____	_____	_____	_____
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4. _____	_____	_____	_____
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Persons other than parents authorized to pick up child(ren):

Name	Telephone	Relationship
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_____	_____	_____
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_____	_____	_____
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REGISTRATION FEE IS \$35 PER CHILD

Tuition \$395 for the year 1st child

2nd child \$365

3rd child \$365

Payable to GOMSOC