

Ελληνικό Σχολείο

North County  
Greek School

Sts. Constantine & Helen  
Greek Orthodox Church



## Registration Form, Academic Year 2010 – 2011

**Student Name**

**Age**

**Grade**

1. \_\_\_\_\_

2. \_\_\_\_\_

Student's knowledge of Greek:     None     Speaks     Writes     Understands

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Adult Contact Information

Mother's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone #: Home: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Father's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone # Home: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Medical Information:

Are there any medical problems that your child maybe experiencing which his/her teacher should be aware of such as  Allergies,  Physical Disabilities,  Serious Illness

Please explain: \_\_\_\_\_

## PARENTS – PLEASE READ CAREFULLY

### Photographic Release

I permit the North County Greek Language School to use and publish photographs and/or video of me/my children for the purpose of presenting cultural activities to the community and to promote its Greek Language Educational programs. I also give permission to release such photographs and video to the news media in support of the educational and cultural programs.

I agree:  Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Release from Liability and Indemnification (Please read before signing)

I agree to waive and release The North County Greek Language School of Saints Constantine and Helen (which includes its officers, teachers, employees, and volunteers) from any claims, cause of action, damages, losses, liabilities, or expenses for any personal injury, property damage or death arising out of my child's participation in the above activities and events, regardless of whether the personal injury, property damage or death was caused by the Greek Language School personnel or otherwise. I UNDERSTAND THAT SIGNING THIS WAIVER I AM FREEING THE NORTH COUNTY GREEK LANGUAGE SCHOOL OF SAINTS CONSTANTINE AND HELEN FROM ANY LIABILITY RESULTING FROM MY CHILD'S PARTICIPATION IN THE ABOVE ACTIVITIES AND EVENTS. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

