

**GREEK AFTERNOON SCHOOL
"SAINT SPYRIDON"
109 Russell St., Worcester, MA 01609**

REGISTRATION FORM

Student's Information

Student's name (English): _____

Student's name (Greek): _____

Age: _____ Birth Date: _____ Student's Present Grade in American School: _____

Greek School: _____

Contact Information:

Parent or Guardian's name (primary contact) _____ Phone# _____

Primary Contact E-mail: _____

Parent or Guardian's name: _____ Secondary Contact Phone#: _____

Address:

Home Phone: _____ Cellular phone #: _____

In case of an emergency, whom should we contact? _____

Relationship: _____ Phone Number: _____

Student's Questionnaire

Is Greek Spoken at home? Yes No

Does your child have allergies? Yes No

If yes, please describe.