

**St. George Greek Afternoon School**

1101 River Road

Piscataway, NJ 08854

**REGISTRATION FORM 2018-2019**

***Student(s) Information PLEASE PRINT CLEARLY***

Last Name	First Name	Grade	Date of Birth	Age

***Parent Information***

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ email address: \_\_\_\_\_

***Emergency Contact Numbers***

Father's Cell Phone Number	Father's Work Phone Number	Mother's Cell Phone Number	Mother's Work Number

***Please list two emergency contact numbers in case parents cannot be reached:***

Full Name	Relationship to child	Phone Number

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY** Total Tuition Due: \_\_\_\_\_ Total Paid: \_\_\_\_\_

Date Paid \_\_\_\_\_ Method of Payment: \_\_\_\_\_