Saint Demetrios Greek Orthodox Church
2504 Cub Hill Road
Baltimore, Maryland 21234
410-661-1090 Ext. 204

Application for Enrollment 2008-2009: Please check the class in which you to wish enroll your child:

Three Year Old Program
(Child must turn 3 by Sept. 1st
or be tested)
____ Monday through Friday (5)
____ M/W/F (3 days a week)
____ Four days a week-combination
____ Combination

Pre-Kindergarten
(Child must turn 4 by Sept. 1st
or be tested)
____ Monday through Friday (5)
____ M/W/F (3 days a week)
____ T/W/TH (3 days a week)
____ Four days a week combination

Full Day Classes (check one)
All classes are M-F (5 days)
8:45 am – 3:00 pm
____ Kindergarten
____ First Grade
____ Second Grade

CHILD INFORMATION

Name: Last _____ First _____ Middle _____

Name you want your child to be called: _____ M/F _____ Date of Birth _____

Has your child attend school before? _____ Where?_____

FAMILY INFORMATION

Father's Name:_____ Employer: _____ Work Phone: _____

Mother's Name: _____ Employer: _____ Work Phone: _____

Home Address: _____City:_____ Zip: _____

Home Phone: _____ Cell Phone: _____

Primary Language Spoken at Home: _____ E-mail address: _____

Current Steward of Saint Demetrios Church: ____ Yes ____ No

Other Church Membership: _____

List names and ages of other children in the family: _____

_____

During the course of the school year, there may be projects that require photographs and tapes. These photographs may be published. My child has permission to participate.

Parent Signature: _____

A non-refundable registration fee of $100.00 is due upon registering your child.
This registration fee will not be applied to the 2008-2009 school year tuition.

For office use:

Registration Fee Paid: Date:_____ Amount: _____ Check #_____