



"Mikro Ellinaki Toddlers" and "Mikro Ellinaki Juniors" Application
Spring Session - 2010

Saturday class schedule: 2/27, 3/6, 3/13, 3/20, 4/10, 4/17, 4/24, 5/1, 5/8, 5/15

Tuesday class schedule: 3/2, 3/9, 3/16, 3/23, 4/6, 4/13, 4/20, 4/27, 5/4, 5/11

Child's Name (Last, First) _____ Date of Birth: _____ Age: _____

Father's Name (Last, First): _____

Mother's Name (Maiden, First): _____

Home Address: _____ Telephone No. _____

_____ Alternate No. _____

Email Address: _____

Names of alternate guardians that may accompany child, if different from parents listed above (optional):

Name	Relation to child
1. _____	_____
2. _____	_____

Emergency Contact Information

Name _____ Telephone No. _____
Relation _____

Name of Pediatrician
Dr. _____ Telephone No. _____

Does your child have any allergies? Yes _____ No _____
If yes, please note them here.

Does your child have any medical/physical condition that we need to be aware of? Yes _____ No _____
If yes, please note them here. _____

In order to help in establishing an enjoyable program for all participants please check off all that apply to your child.
_____ Talking (beginner/few words) _____ Talking (moderate/few phrases) _____ Talking (advanced/dialogue)

IMPORTANT Please indicate your 1st or 2nd choice of dates:

Tuesday 5:30pm _____ **Saturday** 10:30am _____

Cost for 10 week session: Mikro Ellinaki Toddler (2-3 year olds) \$200, Mikro Ellinaki Junior (4-6 year olds) \$250

Please bring check to first day of class and make check out to Sts. Constantine and Helen Cathedral, memo: "The Little Greek"

Please fax completed application to the church: 718.624.2228 Attention Effie for the "Mikro Ellinaki" Program
Deadline is February 20, 2010 to determine dates and enrollment.

Your name (please print)

Signature