



THE ARCHANGEL MICHAEL
GREEK LANGUAGE INSTITUTE

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Registration Form School Year 2022-2023

Please select one:

One Day a week: Wednesday Friday
Tuesday & Thursday: Session I Session II

Student's Name _____

Greek and/or Baptismal Name _____

Complete Address _____

Home # _____

Date of Birth _____

Day School attending Sept. 20_ _____

Grade _____

Has your child attended Greek School prior to this year? Yes No

If yes, where? _____

Grade as of September 20_ _____

(If anywhere other than the Archangel Michael Greek Language Institute, please furnish a transcript of the records.)

Mother's Name: _____

Email: _____

Home # _____

Work # _____

Cell # _____

Father's Name: _____

Email: _____

Home # _____

Work # _____

Cell # _____

If my child is ill or an emergency situation occurs and my child must be taken home, I give permission for the following individuals to be called and my child released to them:

Name/Relationship _____

Phone _____

Name/Relationship _____

Phone _____

Physician's Name _____

Phone _____

I give permission to have my child taken to the hospital in case of emergency:

Parent's Signature _____

Date _____

Please describe any allergic reaction or medical condition that the School should be aware of. Also include any other information about your child that you feel is of importance:

We have read the information in the ARCHANGEL MICHAEL GREEK LANGUAGE INSTITUTE INFORMATION PACKET and agree to follow its rules and regulations.

Parent's Signature _____

Date _____

PLEASE NOTE THAT WE WILL BE PHOTOGRAPHING EVENTS AND PUBLISHING THOSE PHOTOS ON THE CHURCH WEBSITE AND IN CHURCH PUBLICATIONS. IF YOU DO NOT WISH FOR US TO USE YOUR OR YOUR CHILD'S NAME, IMAGE OR LIKENESS, YOU MUST FILL OUT THE NON-CONSENT FORM AVAILABLE AT REGISTRATION AND AVAILABLE ONLINE AT: WWW.ARCHANGELMICHAELCHURCH.ORG/NONWAIVERFORM.PDF