



GREEK ORTHODOX ARCHDIOCESE ^{OF} AMERICA

DIRECT ARCHDIOCESAN DISTRICT OFFICE OF EDUCATION

8 EAST 79TH STREET, NEW YORK, NY 10075-0106 - TELEPHONE: (212) 570-3552, 3- FAX (212) 774-0248

WEB: WWW.EDUCATION.GOARCH.ORG - E-MAIL: EDUCATION@GOARCH.ORG

PRE-SCHOOL / DAY-CARE RECORD FORM School Year 2016-2017

SCHOOL NAME: _____
PARISH: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TEL.: _____ FAX: _____
E-MAIL: _____
WEBSITE: _____
PRINCIPAL/DIRECTOR: _____
MOBILE TEL.: _____
E-MAIL: _____

PLEASE, INDICATE WHICH OF THE FOLLOWING APPLIES TO YOUR SCHOOL:

- | | <u>No. of Students</u> |
|---|------------------------|
| <input type="checkbox"/> Nursery (3-4 yrs. old) | _____ |
| <input type="checkbox"/> Pre-K (4-5 yrs. old) | _____ |
| <input type="checkbox"/> Kindergarten (5yrs. old) | _____ |
| Total Enrollment: | _____ |

WEEKLY SCHEDULE OF CLASSES:

	<u>Full Day</u>	<u>Half Day</u>
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>

TEACHERS:

<u>Name</u>	<u>Degree(s)</u>	<u>Weekly Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANNUAL TUITION PER STUDENT: (1st child) \$ _____ (2nd child) \$ _____

Signature: _____ **Date:** _____

Kindly, use the enclosed envelope to mail the form to:
Direct Archdiocesan District Office of Education
ATTN: Mrs. Maria Makedon, *Director*
GREEK ORTHODOX ARCHDIOCESE OF AMERICA
8 East 79th Street, New York, NY 10075