



Bethesda, Maryland

EMERGENCY INFORMATION

Child's Full name: _____

Child's First Greek Name: _____

Child's Date of Birth: _____

Home Phone number: _____

Mother's Name: _____

Mother's Emergency Phone Number (cell/work): _____

Father's Name: _____

Father's Emergency Phone Number (cell/work): _____

Name of close relative or family friend: _____

Telephone number of this person: _____

Name of student's Physician: _____

Telephone number of Physician: _____

Specify any allergies the School should know about:

In case of emergency, your child will be transported to the nearest hospital unless you specify otherwise.

In an emergency, I wish my child to be taken to: _____

PARENT ACKNOWLEDGEMENT

PARENT'S / GUARDIAN'S SIGNATURE SIGNIFIES FULL AGREEMENT WITH THE PROCEDURES AND CONDITIONS SPECIFIED ON BOTH THIS FORM AND THE PARENT HANDBOOK.

CHILDREN PICK-UP AFTER SCHOOL CLASSES

Parents are required to pick up their children at the end of class session. The Greek School will charge a fee for any child being picked up late and after the above designated time. Specifically, for every five (5) minutes or portion thereof that the children are not picked up from school, the family of the child will be charged \$5. Any fee imposed as a result of this action will be payable prior to the next class session.

PARENT'S SIGNATURE : _____

DATE OF SIGNATURE : _____