

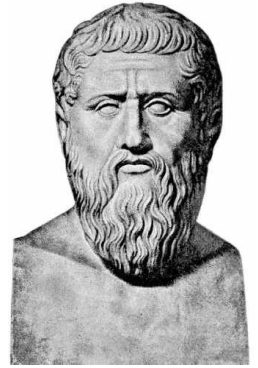


# Solon Greek School

Be Part Of The More Than  
90 Year Tradition of Excellence

**Register Now**

for the 2020-2021 Academic Year



Registrations for all programs are now being accepted.

These Solon Greek School programs include:

~ AFTERNOON PROGRAM ~ TUESDAYS AND FRIDAYS ~

This program focuses on the language, history, culture, music and Orthodox faith, to instill and nurture a pride of heritage, and to provide the skills needed to read, write and converse in the Greek language. Also included is training in the art of Greek Dance.

*Classes:*

•Pre-K, Kindergarten, Grades 1-6

~ SATURDAY PROGRAM ~

This once a week, four and a half hour program, is a full immersion alternative to the Afternoon component, with all the same goals and activities.

*Classes:*

•Pre-K, Kindergarten, Elementary (Grades 1-6),  
High School (7-9), Lyceum (10-12)

~ AN ADULT EDUCATION CLASS IS AVAILABLE ~

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FOR REGISTRATION FORMS AND MORE INFORMATION

Check our website: [www.stdemetrioschicago.org](http://www.stdemetrioschicago.org)

Or call the Church Office: 773-561-5992

Visit us on Facebook: Saint Demetrius Greek Orthodox Church

**Pay full tuition before August 1st. and receive a \$125 discount per child**  
**Pay full tuition before start of classes and receive a \$50 discount per child**



Register on or before AUGUST 1, 2020 with full payment - \$125 discount per child  
 Register after AUGUST 1, 2020, but on or before the first day of class with full payment-  
 \$50 discount per child

<b>Tuition Rate for Stewards</b>			
	<i>Full Payment</i>	<i>2-payment Plan includes a \$25 surcharge</i>	<i>6-payment Plan includes a \$50 surcharge</i>
<i>*A \$75.00 reduction in tuition is received for each additional sibling registered</i>	Full tuition amount due day of registration	Payment 1: due day of registration Payment 2: due 1/15/21	Payment 1: day of registration 2: 10/15/20 3: 11/15/20 4: 12/15/20 5. 01/15/21 6. 02/15/21
<b>1 child</b>	<b>\$1200</b>	<b>\$1225</b> Two payments of \$612.50	<b>\$1250</b> Payment 1: \$210 Payments 2-6: \$208 ea.
<b>2 children*</b>	<b>\$2325</b>	<b>\$2350</b> Two payments of \$1175	<b>\$2375</b> Payment 1: \$400 Payments 2-6: \$395 ea.
<b>3 children*</b>	<b>\$3450</b>	<b>\$3475</b> Two payments of \$1737.50	<b>\$3500</b> Payment 1: \$600 Payments 2-6: \$580 ea.

<b>Tuition Payment Rate for Non-Stewards</b>			
	<i>Full Payment</i>	<i>2-payment Plan includes a \$25 surcharge-See above for payment due dates</i>	<i>6-payment Plan Not available to non-stewards</i>
<b>1 child</b>	<b>\$1950</b>	<b>\$1975</b> Two payments of \$987.50	
<b>2 children*</b>	<b>\$3825</b>	<b>\$3850</b> Two payments of \$1925	
<b>3 children*</b>	<b>\$5700</b>	<b>\$5725</b> Two payments of \$2862.50	

**NOTE:**

• Solon School DOES NOT charge additional fees for books, supplies, dance.

There is a graduation fee for Gr: 6, 9 & 12 • PLEASE CAREFULLY READ ALL INFORMATION REGARDING PAYMENTS ON PG. 2 OF THE REGISTRATION FORM

• Prices above do not include early registration discounts; these will be applied at registration if you qualify.

<b>FAMILY LAST NAME IN ENGLISH</b>	<b>FAMILY LAST NAME IN GREEK</b>
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<b>STREET ADDRESS</b>	<b>CITY,</b>	<b>STATE,</b>	<b>ZIP</b>
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**CHILD/CHILDREN ENROLLING IN GREEK SCHOOL**

	First Name-English	First Name-Greek	Birthdate	Tue/Fri or Sat	Grade
1.					
2.					
3.					
4.					

<b>Father's/Legal Guardian's Name</b>
<b>Phone</b>
<b>Phone</b>
<b>e-mail address</b>

<b>Mother's/Legal Guardian's Name</b>
<b>Phone</b>
<b>Phone</b>
<b>e-mail address</b>

**STEWARDSHIP AND PAYMENT PLAN: ONE FORM PER FAMILY**

**Please review all information carefully**

IN ORDER RECEIVE THE STEWARD TUITION RATE AND EARLY DISCOUNTS, YOUR **STEWARDSHIP PLEDGE AND PAYMENT FOR 2020 MUST** BE MADE TO THE CHURCH OFFICE **ON/OR BEFORE THE DATE OF REGISTRATION.**

Are you a current **(2020)** Steward of St. Demetrios Church? Circle one: YES NO

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If you are a **2020** steward at another Orthodox Church, which church? \_\_\_\_\_

**MAKE SURE WE RECEIVE THE STEWARDSHIP VERIFICATION LETTER FROM YOUR "HOME CHURCH" PRIOR TO, OR WITH YOUR REGISTRATION PACKET.**

**NO EARLY REGISTRATION DISCOUNTS WILL BE GIVEN AFTER THE DEADLINE DATES HAVE PASSED.**

**Please select one of the following payment plans by checking (✓) the appropriate box:**

**PLAN A: Full payment is due on the Day of Registration**

**PLAN B: \$25.00 surcharge, 2 PAYMENTS: 1. Day of Registration 2. 1/15/21**

**PLAN C: \$50.00 surcharge, 6 PAYMENTS: 1. Day of Registration,  
2 → 6: The 15<sup>th</sup> of Oct., Nov., Dec., 2020, & Jan., Feb. 2021**

**Please Note:**

- **Plans B and C** require credit card information to be kept on file. Your will be charged on each due date  
*You are responsible for updating your record if you receive a new or different credit card*
- **Plan B** includes a \$25.00 surcharge fee. **Plan C** includes a \$50.00 surcharge fee
- **LATE FEES: PLAN B: \$20.00 for late 2<sup>nd</sup> payment. PLAN C: \$10.00 for each late payment**
- Pay by cash, check, VISA, MASTERCARD, AmEx. There is a \$50.00 fee for any check returned by the bank. **if final payment is not received by February 15, 2021, we reserve the right to remove your child from class until the balance is paid in full**

**Refund Policy if Withdrawing your student(s):**

- Up to November 1, 2020- prorated  After November 1, 2020: no refunds

**By signing, I/we understand the terms and conditions of the payment plan I/we have selected.**

_____	
<b>Parent(s) Signature(s)</b>	<b>Date</b>

**Card Authorization for Plan B or C**

**This information must be provided if you select Payment Plan B or C. Visa, MC, AmEx**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

**EMERGENCY INFORMATION and Alternates for Pick-up Form: One per Family**

**FAMILY LAST NAME:** \_\_\_\_\_

Child's First Name	Allergies or Medical Conditions	Any medications taken? If so, please list.

**Additional contacts in case of Emergency:**

Name	Relationship	Phone:

**Doctor's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Child Pick-Up Authorization and Information: For Emergency OR Regular Pick up**

**Should this information change at any time, the parent is responsible for notifying the school.**

Name	Relationship	Phone:

**PARENT/GUARDIAN WAIVER- RELEASE OF LIABILITY AND PERMISSION FORM**  
**ONE FORM PER FAMILY**

FAMILY LAST NAME:	CHILD/CHILDREN'S FIRST NAMES:

St. Demetrios Greek Orthodox Church and Solon Greek School has a web site ([stdemetrioschicago.org](http://stdemetrioschicago.org)) and a Facebook page. From time to time, we may publish information about events and accomplishments through these or other media which may involve displaying work and/or photographs of staff and students.

**St. Demetrios Greek Orthodox Church and Solon Greek School agree that the students' pictures, art, written work, voice, verbal statements, portraits (video or still) shall only be published and used for public relations, public information, school or parish promotion, publicity, and instruction. No personal information about the student (such as last name, home address, or telephone number) will be disclosed or published by St. Demetrios Greek Orthodox Church and Solon Greek School.**

Please select from the following, sign and date this form. This form need only be signed once for the academic year. Your permission can be revoked at any time by contacting the church office to make a change to your form.

**YES. I give my permission for my child(ren)'s first name, photograph, or schoolwork to be published on the church/school web site and other media.**

**NO. Do not publish my child(ren)'s name(s), photograph(s), or schoolwork on the church/school website or other media.**

Name (Please Print): \_\_\_\_\_  
(Parent and/or Legal Guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_