

# «Athena» Children's Academy

8535 GEORGIANA AVE \* MORTON GROVE IL 60053-2909

Tel.: (847) 677-3185 \* Fax: (847) 677-3184 \* E-mail: athenaschools@hotmail.com  
www.athena.agrino.org \* Facebook: <https://www.facebook.com/athena.hellenic.school>

REGISTRATION FORM 2019 – 2020

PLEASE MAIL TO: "ATHENA" CHILDREN'S ACADEMY,  
6616 N. KENTON AVE., LINCOLNWOOD IL. 60712

Ημερομηνία υποβολής αίτησης:...../..... /2019

## Student's name (English)

Last: .....

First: .....

## Όνοματεπώνυμο μαθητή/ίας (Ελληνικά/Greek)

Επώνυμο (Last name): .....

Όνομα (First name): .....

DATE OF BIRTH/COUNTRY OF BIRTH:.....

FATHER'S NAME:.....

MOTHER'S NAME:.....

ADDRESS:.....

.....

HOME PHONE: .....

FATHER'S CELL:.....

MOTHER'S CELL: .....

EMERGENCY CONTACT WHEN PARENTS CANNOT BE REACHED:

- .....  
( \*\*\*Please write the name and the way you are related)

FATHER'S OCCUPATION:.....

MOTHER'S OCCUPATION: .....

E-mail ADDRESS OF FATHER.....

E-mail ADDRESS OF MOTHER:.....

**PROGRAMS Monday-Friday**

(indicate the grade of your child by checking the appropriate box)

- |  |                                  |                               |
|--|----------------------------------|-------------------------------|
| <input type="checkbox"/> 3 year old          | Part time (9:00 am – 12:30 noon) | Full time (9:00 am - 3:00 pm) |
| <input type="checkbox"/> 4 year old          | Part time (9:00 am – 12:30 noon) | Full time (9:00 am - 3:00 pm) |
| <input type="checkbox"/> Kindergarten<br>pm) |                                  | Full time (9:00 am – 3:00     |

\*\*\*Parents should inform the school when submitting their registration form for any allergies or other medical issues of their child.

Report here any allergies:	
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Report here any medical issues:	
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\*\*\* **All fields are required.**

\*\*\* Please print the registration form and submit it to school.

FATHER'S SIGNATURE

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MOTHER'S SIGNATURE

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