

The Cathedral
Hellenic Afternoon School
Program 2018-2019

The Cathedral School
319 East 74th Street
New York, NY 10021

Monday	Tuesday	Wednesday	Thursday	Friday
Nursery Pre-K 3:30 - 5:00 Greek Class	Level 1A 4:00 - 4:30 Theater Greek Class 4:30: - 6:00	Level 2B 4:00-4:30 Theater Greek Class 4:30-6:00	Level 1B 4:00 -4:30 Theater Greek Class 4:30 - 6:00	Greek Dance 4:30-5:15 5:15-6:00
Greek Class Kindergarten 3:30 - 5:00 Theater 5:00 - 5:30	Levels 2A,2B,4A Theater 4:00 - 4:30 Greek Class 4:30-6:00	Level 5A, 5B 4:00 - 4:30 Theater Greek Class 4:30 - 6:00	Levels 3A,3B 4:00 - 4:30 Theater Greek Class 4:30 - 6:00	
3:30 - 5:00 Ellinomatheia Prep				

***Classes will begin the week of [September 11th](#).**

**** Greek Classes include language arts, theater, music, geography, history, mythology and Ancient Greek studies (according to the grade level).**

[e-mail: greekafternoonschool@cathedralschoolny.org](mailto:greekafternoonschool@cathedralschoolny.org)

The Cathedral Hellenic Afternoon School
Registration Form (2018-2019)

Child's Name: _____ Age: _____ Greek Class Level: _____
 Mother's Name: _____ E-mail: _____ Tel.#: _____
 Father's Name: _____ E-mail: _____ Tel.#: _____
 Home Address: _____
 Emergency Contact: _____ Tel.#: _____
 Day School: _____ Grade Level: _____
 Allergies: _____

Registration and Tuition Fees - (Cathedral School Student)

Once Per Week Class	Tuition	Registration Fee	Total Payment
First Child	\$1,200.00	\$100.00	\$1,300.00
Second Child	\$1,100.00	\$100.00	\$1,200.00

Total Cost: _____ Parent's Signature: _____ Date: _____

**Please make all checks payable to: The Cathedral Hellenic Afternoon School.*

**If you have any questions, please contact the Greek Afternoon School Team
 at: greekafternoonschool@cathedralschoolny.org*

The Cathedral Hellenic Afternoon School
Registration Form (2018-2019)

Child's Name: _____ Age: _____ Greek Class Level: _____
 Mother's Name: _____ E-mail: _____ Tel.#: _____
 Father's Name: _____ E-mail: _____ Tel.#: _____
 Home Address: _____
 Emergency Contact: _____ Tel.#: _____
 Day School: _____ Grade Level: _____
 Allergies: _____

Registration and Tuition Fees - (Non-Cathedral School Student)

Once Per Week Class	Tuition	Registration Fee	Total Payment
First Child	\$1,800.00	\$100.00	\$1,900.00
Second Child	\$1,700.00	\$100.00	\$1,800.00
Third Child	\$1,600.00	\$100.00	\$1,700.00

Total Cost: _____ Parent's Signature: _____ Date: _____

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 at: greekafternoonschool@cathedralschoolny.org*

The Cathedral School

Greek Afternoon School Calendar 2018-2019

Greek Afternoon School Begins	Monday, September 11 th
Columbus Day	Monday, October 8th <i>School Closed</i>
Professional Development Day	TBD
Thanksgiving Break	Tuesday, November 20 st - Fri 23 th <i>School Closed</i>
Report Cards Parent-Teacher Conferences	The week of Monday, December 11 th Kindergarten – Level 5B
Christmas Celebration	TBD
Christmas Break	Thursday, December 20 st - Friday 4 th <i>School Closed</i> Monday, January 7th <i>School Resumes</i>
Martin Luther King Jr. Day	Monday, January 21st, <i>School Closed</i> <u>Second semester</u>
Three Heirarchs Celebration	Wednesday, January 30 th <i>School Closed</i>
Winter Break	Monday, February 18th - Fri 22 nd <i>School Closed</i>
Greek Independence Day Celebration	TBD
Greek Independence Day Parade	TBD <i>School Closed</i> – Day After Parade
Pascha Break	Monday, April 19th- Mon 29 th <i>School Closed</i>
Memorial Day	Friday, May 24 th - Monday 27 th <i>school Closed</i>
Graduation Ceremony/ Certificates and Report Cards	TBD
Last Day of School	Friday, June 7 th

**Dates may be subject to change.*

Photo Parental Consent Form 2018-2019

Please sign this form and return it to your child's teacher as soon as possible.

To document the learning of your child, we will be taking many photographs throughout the school year. From time to time, we will post these pictures on bulletin boards, in our classroom, and possibly our school website.

I, _____,

give permission for my child, _____, to be photographed for educational purposes.

Thank you,

The Cathedral Greek Afternoon School Team

(greekafternoonschool@cathedralschoolny.org)

The Cathedral Greek Afternoon School Contact Information Form (2017-2018)

Student Name: _____

Date of Birth: _____ **Age:** _____ **Home Address:**

Mother's Name:

Home Phone #:

Cell Phone #: _____

E-mail Address: _____ **Father's**
Name: _____

Home Phone #: _____

Cell Phone #: _____

E-mail Address: _____

Daily Pick-up Information: Name(s):

Phone #:

Relationship to child: _____

****If your child is not going to be picked up by the person named above, please**

notify both your child's teacher and the school office.**

If the school cannot get in touch with a parent/guardian, name of person to be called in case of illness or emergency:

Name: _____

Phone #: _____

Doctor: _____

Phone #: _____

Address: _____

If none of the above can be reached by phone, what do you want the school to do if your child is sick or injured? _____

The recommendation of the parent(s) as indicated above will be respected as far as possible. It is understood that in an emergency case, the judgment of the school authorities will prevail.

Relevant items/concerns on health records:

Please list any allergies your child may have:

If at any time the above information must be changed, I will notify both my child's teacher and the school office in writing: _____) - (_____)

Signature of Parent/Guardian: _____

Print Name: _____

Date: _____