



PANAGIA HAMILTON GREEK SCHOOL

233 EAST 15TH STREET ~ HAMILTON, ON L9A 4G1 ~ 905-385-9815

panagiahamiltongreekschool@gmail.com

REGISTRATION FORM 2023-2024

(Please Print)

STUDENT'S NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____ PRIMARY PHONE _____

SCHOOL GRADE _____ DATE OF BIRTH(YYYY/MM/DD) _____ SEX - F M OTHER

PARENT/GUARDIAN NAME (1) _____ CELL PHONE _____

PARENT/GUARDIAN NAME (2) _____ CELL PHONE _____

E-MAIL ADDRESS _____

Are there any special learning accommodations for your child that the staff needs to be aware of? YES NO

If yes, please name the child and the special accommodations:

EMERGENCY CONSENT FORM

Local persons to be called in case the parents cannot be reached:

NAME:

PHONE NUMBER:

Does your child have allergies? YES NO

If yes, please list allergies your child has:

(Note: Instructors are not authorized to administer medicines or provide medical related services.)

Are there any medical condition(s) that the school needs to be aware of: YES NO

If yes, please explain in detail.

If the parents (or guardian) cannot be contacted in case of serious injury or illness, I authorize the school to take such emergency action as deemed necessary, including the transportation of the student to a hospital or medical center.

As a parent/guardian, I do herewith authorize treatment by a qualified and licensed medical doctor of the above listed minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact me.

Print name of Parent/Guardian - 1

Date

Signature of Parent/Guardian - 1

Print name of Parent/Guardian -2

Date

Signature of Parent/Guardian - 2

**PARENTAL CONSENT AND RELEASE FOR PUBLIC RELATIONS, PRESS RELEASES, YEARBOOK,
INTERNET/WEBSITE INFORMATION**

From time to time, **Panagia Hamilton Greek School** ("School") or **Panagia Greek Orthodox Church of the Dormition of the Theotokos – Hamilton** ("Church") may wish to include student images, video or website media published by the School or the Church.

I/we authorize the above child's name and likeness (whether photographed, videotaped or sound-recorded) to be used in print, on the School or Church website or in any other media, provided the purpose of such use is to recognize an achievement of my child or for the promotion or benefit of the School or the Church.

By signing below, I/we confirm that I/we have full authority to make the authorization granted here and that no other party's permission is required.

Print name of Parent/Guardian - 1

Date

Signature of Parent/Guardian - 1

Print name of Parent/Guardian - 2

Date

Signature of Parent/Guardian - 2

