



GREEK COMMUNITY SCHOOL – Adult Language Classes

Legal Surname: _____

Legal Given Name(s): _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Other Number: _____

E-Mail: _____

Which Class are you registering for? _____

Emergency Contact:

Name: _____

Relationship: _____ Phone Number: _____

Medical conditions the staff should be aware of:

Payment:

Tuition: \$495.00

Payment Type Visa ___ Mastercard: ___ Amex: ___ Cheque: ___ Bank: ___ Cash: ___

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Name on Card: _____

Signature: _____

*Please note there may be an addition cost of \$130 for a textbook/workbook.

*There will be no refunds for tuition after the first two classes.