



**A. REGISTRATION INFORMATION**

<p>Thank you for choosing the Mississauga Hellenic Academy for your child's Greek language learning school.</p>	<p>Registration Date</p> <p>_____ / _____ / _____</p>
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**B. STUDENT ( S )**

#	First Name	Surname	School Grade in 2019/20	Greek Class Level	Date of Birth (dd/mm/yy)
1.					
2.					
3.					
4.					

**C. PARENTS/ CAREGIVERS**

1. First name	1. Last name
2. First name	2. Last Name

Suite / Apt	Number & Street Name	City	Postal Code
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Home Phone Number	Cell 1: _____
_____	Cell 2: _____

Email 1: _____	Allergies / Health Concern(s)? Please note here.
Email 2: _____	

**D. PAYMENT INFORMATION**

<p>Method of Payment</p> <p>Cash ___ Cheque ___ Credit _____ Type of Card _____</p> <p>Credit Card #: _____</p> <p>Exp. Date: ____ / ____ / ____</p> <p>Payment Accepted by: _____</p> <p style="text-align: center;">(Please Print Name)</p>	<p>Total Fee(s):</p> <p>\$ _____</p> <hr/> <p>Amount Received:</p> <p>\$ _____</p>	<p>Balance:</p> <p>\$ _____</p>
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