



Mississauga Hellenic Academy (MHA)
Ελληνικό Σχολείο / Greek Language & Cultural School

A. REGISTRATION INFORMATION	SCHOOL YEAR	2020-2021	P <input style="width:20px;" type="text"/>
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Thank you for choosing the Mississauga Hellenic Academy for your child's Greek language learning school. Καλή Σχολική Χρονιά σε Όλους!

Registration Date

____/____/____

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. PARENT(S) / CAREGIVER(S) CONTACT INFORMATION

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

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

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

D. PAYMENT & ADDITIONAL FORM INFORMATION

Method of Payment Cash ____ Cheque ____ Credit ____ / Type of Card _____	Total Fee(s): \$ _____	Balance: \$ _____
Credit Card #: _____	Amount Received / Date: \$ _____ / _____	Health Form: <input type="radio"/>
Exp. Date: ____ / ____ Sec. Code: _____		Media Form: <input type="radio"/>
Payment Accepted by: _____ (Please Print Name)		