

The Hellenic Community of Ottawa
Youth Groups Registration Form 2011-2012

PARENTS INFORMATION:

Parent/Guardian Name(s): _____

Home Telephone Number: _____

Cell Number(s): _____

Home address: _____

Postal Code: _____

E-mail address(es): _____

| |
|--|
| 2011 Membership Receipt Number: _____ |
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EMERGENCY CONTACT INFORMATION (if different than above):

Emergency Contact Name(s): _____

Emergency Contact Number _____

Cell Number: _____

SUNDAY SCHOOL REGISTRATION

| Participants Names | Date of Birth (year-month-day) | Grade | Allergies / Medical concerns |
|--------------------|-----------------------------------|-------|------------------------------|
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HELLENIC DANCE SCHOOL REGISTRATION

| Participants Names | Date of Birth (year-month-day) | Age | Allergies / Medical concerns | For Office Use DS, ODY or ADULT |
|--------------------|-----------------------------------|-----|---------------------------------|------------------------------------|
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YOUTH GROUPS REGISTRATION

| Participants Names | Date of Birth (year-month-day) | Age | Allergies/ Medical concerns | For Office Use HOPE, JOY/Jr.GOYA, or GOYA |
|--------------------|-----------------------------------|-----|--------------------------------|---|
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FEES

| DANCE SCHOOL | | | |
|----------------------|------------|-------------------|--------|
| Membership status | Cost/Child | # of Participants | TOTAL: |
| Community Member | \$110.00 | | |
| Non Community Member | \$200.00 | | |

| SUNDAY SCHOOL | | | | |
|----------------------|------------|-------------------|-----------------------|-------|
| Membership status | Cost/Child | # of Participants | Supply Fee per Family | TOTAL |
| Community Member | FREE | | \$20.00 | |
| Non Community Member | \$25.00 | | | |

| Youth Groups | | | | | | | |
|----------------------|------------------------------------|-------------------|--|-------------------|-------------------------|-------------------|-------|
| Membership status | HOPE / Child | # of Participants | JOY + Jr. GOYA/Child (3 rd is free) | # of Participants | GOYA Nominal Fee/Family | # of Participants | TOTAL |
| Community Member | \$75.00 Year or \$3.00 Drop In Fee | | \$25.00 | | \$20.00 | | |
| Non Community Member | \$150 Year or \$5.00 Drop in Fee | | \$50.00 | | Must be Member for GOYA | | |

PHOTO RELEASE

I understand that throughout the year, my child(ren)'s photo may be taken by directors, parents and photographers during activities and special events. This is a way for participants to remember the great times and share them with friends and family. I understand that these photos may be displayed in various media such as the Hellenic Community Yearbook, the Hellenic Community Website, BHMA (Greek Newspaper) and/or Bulletin Boards or displays of the HCO.

_____ Parent Signature

_____ Date Signed