



APPLICATION

Child's Last Name: Child's First Name: Date of Birth: Home Address:	Grade (Year 2013-14):
Father's Last Name/First Name:	Tax Reg.No: E-mail: Tax Reg.No: E-mail:

	1st Week 16/6-20/6	2nd Week 23/6-27/6	3rd Week 30/6-4/7	4th Week 7/7-11/7	5th Week 14/7-18/7		
MORNING PROGRAM - select 2 activities per week							
Volleyball		0	0	0	0		
Swimming	0	0	0	0	0		
Basketball	0	0	0	0	0		
Soccer	0	0	0	0	\circ		
Tennis	0	0	0	0	0		
Karate	0	0	0	0	0		
Kids Pilates*	0	0	0	0	\circ		
Нір Нор				0	\circ		
AFTERNOON PROGRAM - select 2 activities per week							
English**	0	0	0	0	\circ		
Computers** (MS Office, Web design, Ρομποτική)	0	0	0	0	0		
Sculpture	0	0	0	0	0		
Painting	0	0	0	0	0		
Crafts	0	0	0	0	0		
Theater	0	0	0	0	0		
Cooking	0	0	0	0	0		
Comics	0	0	0	0	0		
Magic Art	0	0	0	0	0		
BUS		0	0	0	\circ		

^{*}The lesson is conducted in English - if needed, instructions are delivered in Greek

COST: 1 week: €290, 2 weeks: €480, 3 weeks: €640, 4 weeks: €770, 5 weeks: €860 (10% discount for each additional family member). Transportation service: €80 per week..

Methods of payment: Cash (College cashiers), Credit Card (option of three installments), or Bank Deposit - Alpha Bank: 436002002000036 (IBAN GR8001404360436002002000036), National Bank 180/48000014.

Date	

This application must be accompanied by the Medical Report and a recent medical examination from a pediatrician.

I have read and agree with the Rules of Conduct,

^{**}Children are divided into groups according to their level of experience and abilities