



Required

Student's Name _____ Parent's Name _____ Grade _____

Please put your initials below in the cells that apply.

Before School Care Program	Add	Cancel
After School Care Program – 2 Days	Add	Cancel
After School Care Program – 3 Days	Add	Cancel
After School Care Program – 5 Days	Add	Cancel
Additional Activity – Individual Greek Tutoring	Add	Cancel
~ Elective Activity – Small Group Greek Tutoring	Add	Cancel
~ Elective Activity – Individual Tutoring – Daily Homework	Add	Cancel
~ Elective Activity – Small Group Tutoring – Daily Homework	Add	Cancel
~ Elective Activity - Spanish	Add	Cancel
~ Elective Activity - French	Add	Cancel
~ Elective Activity - Piano	Add	Cancel
~ Elective Activity - Guitar	Add	Cancel
~ Elective Activity - Basketball	Add	Cancel
~ Elective Activity - Soccer	Add	Cancel

1. Modification(s) will be effective the 1st day of the following month
2. Modification form must be emailed to acc@archimedean.org
3. Modification(s) are not valid without full payment
4. All fees are non-refundable and non-transferable



Name of Parent/Guardian

Signature of Parent/Guardian

Date