



HELLENIC AMERICAN ACADEMY

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Extended Day Morning Program Application

I wish to register my child/ren for participation in the Extended Day Morning Program.

(Please circle) AM Mon Tues Wed Thurs Fri

Child's Name

Grade

1. _____

2. _____

3. _____

Mother: _____

Tel # _____

Cell # _____

Father: _____

Tel # _____

Cell # _____

Medical Information

List Allergies? _____

Does your child require any emergency medication? (Ex. Epi Pen): Yes _____ No _____

Name of Medication: _____ Dosage: _____

Other Health Concern: _____