

St. Thomas the Apostle School
 3801 Balboa Street, San Francisco, CA 94121
 Phone (415) 221-2711 / Fax (415) 221-8611

Summer Program 2009, June 15 – July 17
REGISTRATION FORM

STUDENT'S NAME _____
Last Name First Name M.I.

ADDRESS _____
City Zip Code

GRADE IN THE FALL _____ HOME PHONE() _____

FATHER'S NAME _____ () _____ () _____
First Name Last Name Father's Work Phone Father's Cell Phone

MOTHER'S NAME _____ () _____ () _____
First Name Last Name Mother's Work Phone Mother's Cell Phone

Please check your choice(s):

	SUMMER PROGRAM	PROGRAM COST	TOTAL
1.	_____ Academic Program 9:00 am – 12:00 noon, M-F	\$550.00	\$ _____
2.	_____ Lunch/Sports 12:00 noon – 3:00 pm, M-F	\$200.00	\$ _____
3A.	_____ Music/Drama 3:00 pm – 5:00 pm, M-F	\$300.00	\$ _____
	OR		
3B.	_____ Chinese School 3:00 pm – 6:00 pm, M-F	\$300.00	\$ _____
5.	_____ Extended Care 7:45 am – 9:00 am, Early Morning M-F	\$50.00	\$ _____
	5:00 pm – 6:00 pm, Late Afternoon M-F	\$50.00	\$ _____
		TOTAL COST =	\$ _____

Make all checks payable to: **St. Thomas the Apostle School**. Cash is also accepted.
TUITION IN FULL must accompany this registration form. Students will be accepted on a first-come, first-serve basis. Enrollment is limited. Please return this completed registration form with your full payment by **Friday, May 8, 2009**. Please use **ONE** registration form per child.
 Program/programs subject to cancellation for insufficient enrollment.