# St. Thomas the Apostle School

3801 Balboa Street, San Francisco, CA 94121 tel: (415) 221-2711

## Summer Program 2008 , June 16 – July 18

### 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

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Please check your choice(s):

| | SUMMER PROGRAM | PROGRAM COST | TOTAL |
|---|---|---|---|
| 1. | _____ **Academic Program**<br>9:00 am - 12:00 noon, M-F | $500.00 | _____ |
| 2. | _____ **Lunch/Sports**<br>12:00 noon - 3:00 pm, M-F | $200.00 | _____ |
| 3. | _____ **Music/Drama** | | |
| | Option A: Mainstage 3:00 pm - 5:00 pm, M-F | $300.00 | |
| | Option B: Cabaret 9:00 am - 3:00 pm, M-F | $700.00 | |
| | Option C: Cabaret Ensemble 1:00- 3:00 pm M-F | $200.00 | _____ |
| 4. | _____ **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 = | $_____ |

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**Make all checks payable to: St. Thomas the Apostle School**

NOTE: 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 2nd, 2008**.

Please use **ONE** registration form per child.

*Program/programs subject to cancellation for insufficient enrollment.