St. Thomas the Apostle School

3801 Balboa Street, San Francisco, CA 94121
Phone (415) 221-2711 / Fax (415) 221-8611

Summer Program 2010, June 14th - July 16th

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**	$_____
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 =	$_____

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 7th, 2010**. Please use **ONE** registration form per child. Program/programs subject to cancellation for insufficient enrollment.