

ST. ANNE SUMMER SCHOOL APPLICATION
1320 14th Avenue San Francisco, CA 94122 (415) 664-7977 www.stanne.com

PLEASE CHECK CHOICE OF SESSION

- Morning Session: 8:30-1:00 - **\$500.00**
 Full-Day Session: 8:00-6:00 - **\$885.00**
**Non-Attending Catholic School Students add a \$5.00 Insurance Fee*

Amount Paid _____

Please print clearly in black or blue ink.

Grade in September, 2015 _____

Attending School, 2015 _____

Last Name of Applicant _____ First _____ DOB _____

Address _____ City, State, Zip _____ Home Phone _____

Father Cell _____ Mother Cell _____

Father Business Address _____ Work Phone _____

Mother Business Address _____ Work Phone _____

In the event of apparent serious illness or accident, when we/I cannot be reached, please contact one of the following. The following are authorized to act in my absence, and will be informed that their names have been used on this form. Please do not list mother or father in spaces below; it must be someone nearby who can be reached immediately.

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

In case of a minor injury, I authorize that first aid be administered by a person qualified to render such service.
In case of an accident,

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Parent/Guardian Signature _____ Relationship _____ Date _____

**Students not currently attending an Archdiocese Catholic School, must add an additional \$5.00 for insurance coverage.*