

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

**PLEASE CHECK CHOICE OF SESSION**  
**Irving Gate opens at 8:00 a.m.**

Morning Session: 8:30-1:00 - **\$1000.00**     Full-Day Session: 8:30-5:00 - **\$1,500.00**  
*\*Non-Attending Catholic School Students add a \$5.00 Insurance Fee*

**Amount Paid** \_\_\_\_\_

Entering Grade in August \_\_\_\_\_ Attending School \_\_\_\_\_

Last Name of Applicant \_\_\_\_\_ First \_\_\_\_\_

Applicant DOB: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Father Name: \_\_\_\_\_ Email: \_\_\_\_\_

Father Cell \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother Cell \_\_\_\_\_ 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 \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_

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