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 - **$550.00**
☐ Full-Day Session: 8:00-6:00 - **$950.00**
Non-Attending Catholic School Students add a $5.00 Insurance Fee

Amount Paid _____

Please print clearly in black or blue ink.

Entering grade in September, 2019_____

Attending School_____

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.