

Application



360 9th Ave. San Francisco, CA 94118
(office) 415-221-8558

summerschool@staroftheseasf.com

Star of the Sea School

2011 SUMMER PROGRAM

June 13 - July 8 • Open to **CURRENT** Kindergartners through 5th Graders

Participant's Name _____ Gender: M F

Age: _____ Birthdate: _____ CURRENT Grade (Spring 2011) _____

Home Address: _____ City: _____ Zip: _____

Parent(s)/Guardian(s) Name: _____ Hm Phone: _____

Father's work phone: _____ Father's cell phone: _____

Mother's work phone: _____ Mother's cell phone: _____

Primary e-mail _____ Secondary e-mail _____

EMERGENCY CONTACTS (Please provide 2)

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Cell: _____ wrk: _____ Cell: _____ wrk: _____

MEDICAL INFORMATION

Medical Insurance: _____ Policy #: _____

Doctor's name: _____ Phone: _____

Allergies: NO YES If yes, please list allergens (medication, foods, etc) _____

Please list any medical problems, including diagnosis: _____

Is your child currently on any medication, including inhalers? NO YES

If yes, name medication _____ Taken during program hours? NO YES

*If yes, written permission signed by parent or guardian **MUST** accompany medication.
The medication must be **self-administered**. If child is unable, a parent must arrange to administer.*

To provide a safe and happy experience for your child, please describe any behavioral issues or explain any special needs/considerations that the staff should be aware of: _____

ONE CHILD PER APPLICATION. PLEASE DUPLICATE THIS FORM AS NEEDED.

EMERGENCY RELEASE

I give permission, in the event of an emergency, for first aid to be administered to my child and should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact me:

Parent Signature: _____ Date: _____

I give my permission for my child to participate in all program activities. I understand that NO REFUNDS will be given for any reason except for an illness substantiated by a doctor's note.

Parent Signature: _____ Date: _____

PAYMENT:

Registration fee of \$60.00/per student is due with submission of completed application.

April 20, 2011 EARLY BIRD payment date.

Registration fee waived with completed application and full payment of summer school fees by April 20, 2011

May 20, 2011

Final payment of Application and Registration fee due to confirm enrollment. After this date, Registration fee is forfeited and enrollment is not guaranteed.

Please make checks payable to: **Star of the Sea School**

OFFICE USE:

Early Bird received Date: _____ Amount: _____ cash check

Registration fee Date: _____ Amount: _____ cash check

Partial payment Date: _____ Amount paid: _____ cash check

Remaining: _____ Date: _____ Amount paid: _____ cash check

Remaining: _____ Date: _____ Amount paid: _____ cash check

Remaining: _____ Date: _____ Amount paid: _____ cash check

Full payment received: Date: _____ amount: _____ cash check

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PLEASE CHECK APPROPRIATE BOXES:

Child's CURRENT Grade			<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Full Session JUNE 13- JULY 8	Weekly	Extended Care						
<input type="checkbox"/> Whole Day 8:30am - 3pm \$800 <input type="checkbox"/> Academic Morning 8:30am - 12:30pm \$475 <input type="checkbox"/> Afternoon Enrichment 12:30pm - 3:00pm \$375	Whole Day 8:30am - 3pm \$225/week <input type="checkbox"/> June 13 - 17 <input type="checkbox"/> June 20 - 24 <input type="checkbox"/> June 27 - July 1 <input type="checkbox"/> July 5 - July 8 Academic Morning 8:30am - 12:30pm \$145/week <input type="checkbox"/> June 13 - 17 <input type="checkbox"/> June 20 - 24 <input type="checkbox"/> June 27 - July 1 <input type="checkbox"/> July 5 - July 8 Afternoon Enrichment 12:30pm - 3:00pm \$125/week <input type="checkbox"/> June 13 - 17 <input type="checkbox"/> June 20 - 24 <input type="checkbox"/> June 27 - July 1 <input type="checkbox"/> July 5 - July 8	FULL SESSION EXTENDED CARE JUNE 14- JULY 09 <input type="checkbox"/> Morning Extended Care 7:30am - 8:30am \$125 <input type="checkbox"/> Afternoon Extended Care 3pm - 6pm \$325 WEEKLY EXTENDED CARE <input type="checkbox"/> June 13 - 17 <input type="checkbox"/> June 20 - 24 <input type="checkbox"/> June 27 - July 1 <input type="checkbox"/> July 5 - July 8 <input type="checkbox"/> Morning Extended Care 7:30am - 8:30am \$40/week <input type="checkbox"/> Afternoon Extended Care 3pm - 6pm \$100/week						

ACADEMIC MORNING

Students will be placed in appropriate grade level courses for Math, Reading, English, and instructor designed elective instruction in core courses including Social Studies, Science, Writer's Workshop and Technology.

AFTERNOON DAYCAMP

Varied enrichment activities that include: Sports, Arts & Crafts, Cooking, Ecology, Mad Science, Lego Engineering, Paper Construction and TechCamp. Children will be placed in groups and cycled through pre-set weekly activities during the summer session.

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