

PLEASE FILL OUT AND RETURN TO ST. ANTHONY SCHOOL WITH YOUR
 PAYMENT FOR REGISTRATION FEE OF \$50.00 PER CHILD BY MARCH 24TH

Camper name(s): _____ Birthday(s) _____

Current Grade(s): _____

Camper's T-shirt size(s): circle one YS YM YL

School attending: _____

Parent/Guardian Name: _____

Address: _____

Email: _____

Daytime phone _____ Evening phone _____

Is your camper a DC Opportunity Scholar? (check one) _____ no _____ yes

OSP Household# _____

++Please check the Program Option you are choosing+++

Program Option	1 st Payment due April 12th	2 nd Payment due May 10th	Total Program Cost	Your Choice (check one)
Standard Program	\$500.00	\$500.00	\$1000.00	
Standard + Before-care	\$550.00	\$550.00	\$1,100.00	
Standard + After-care	\$675.00	\$675.00	\$1,350.00	
Standard + Before-care and After-care	\$725.00	\$725.00	\$1,450.00	

THE NON-REFUNDABLE \$50.00 REGISTRATION FEE, IN ADDITION TO THE
 TOTAL PROGRAM COST FOR OPTION SELECTED MUST BE PAID IN FULL
 BEFORE THE PROGRAM BEGINS.

BEFORE AND/OR AFTER CARE ARE FULL SIX WEEK SERVICES ONLY,
 AND NOT AVAILABLE PER DIEM OR PRO RATABLE.

PARENT/GUARDIAN SIGNATURE _____