

PLEASE FILL OUT AND RETURN TO ST. ANTHONY SCHOOL WITH  
YOUR REGISTRATION FEE OF \$50 PER CHILD BY MARCH 23RD

Camper name(s): \_\_\_\_\_

Current Grade(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 <sup>st</sup> Payment due April 11th	2 <sup>nd</sup> Payment due May 9th	Total Program Cost	Your Choice (check one)
Standard Program	\$550.00	\$550.00	\$1,100.00	
Standard + Before-care	\$600.00	\$600.00	\$1,200.00	
Standard + After-care	\$725.00	\$725.00	\$1,450.00	
Standard + Before-care and After-care	\$775.00	\$775.00	\$1,550.00	

THE NON-REFUNDABLE \$50.00 REGISTRATION FEE, IN ADDITION TO THE TOTAL PROGRAM COST FOR THE OPTION SELECTED, MUST BE PAID IN FULL BY MAY 23RD IN ORDER TO HOLD YOUR CAMPER'S SEAT.

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

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_