

**St. John the Evangelist  
Summer School Registration Form**

Student Name: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

My child will be enrolled in the following classes:

Class	Time	Session (1 or 2)	Fee

Summer School Registration: \$ \_\_\_\_\_

Extension Registration \$ \_\_\_\_\_

Summer School Tuition: \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

\*\*Turn registration in by May 1<sup>st</sup> and receive  
\$25 off Balance Due

Summer School Registration fees:  
\$25 per child  
\$60 maximum family rate

Extension Registration fees:  
\$30 per family

If your child will be enrolled in Extension, please indicate the weeks your child will likely be enrolled:

\_\_\_\_ 6/12 – 6/16      \_\_\_\_ 6/26 – 6/30      \_\_\_\_ 7/17 – 7/21  
 \_\_\_\_ 6/19 – 6/23      \_\_\_\_ 7/10 – 7/14      \_\_\_\_ 7/24 – 7/28

I understand that the summer school registration fee must accompany this form. I also understand that the entire summer school tuition balance for Session 1 is due by June 2, 2017, and for Session 2 June 30, 2017. \_\_\_\_\_ (initial)