SummerGATE Application, St. Anne's 2016

Student Information:

Last Name _____

First Name _____

Street _____ Apt. # _____

City _____ Zip _____

Current School _____

School Next Fall _____ Next Grade _____

Date of Birth _____ Child's T-Shirt Size _____

Check One: ☐ Girl ☐ Boy   Sibling Enrolled? ☐ Yes ☐ No

Please read online for important elegibility information.

Payment information (check all that apply):

☐ I have attached a Check for the amount of tuition.

☐ I authorize you to charge my Credit Card for the amount of tuition.

☐ I authorize you to charge my credit card for Before- or After-School Activities, at the rate of $7.50/hour. You must provide credit card information below.

☐ Please send me an official receipt (for employee pre-tax plan or IRS use)

Credit card information (circle one):   Visa   Mastercard   Discover

Expiration: ☐☐ ☐☐   ID#: ☐☐☐

Name as it appears on the card: _____
please print

Signature _____

Session III July 25-August 5, 2016

Time	Exact Name of Class		Tuition
7:00-9:00	Before-Care Activities: Arrival Time:	$ 7.50/hour*	charged after Session III
9:00-10:10			
10:10-11:20			
11:20-12:30			
12:30-1:00	Lunch (bring a bag lunch from home)		no separate fee
1:00-2:10			
2:10-3:20			
3:20-4:30			
4:30-6:00	After-Care Activities: Pick up Time:	$ 7.50/hour*	charged after Session III

St. Anne's Session III Total: _____

Deduct Merit Scholarship, if eligible: _____

Deduct discount for paying by check, if applicable: _____

TOTAL DUE _____

Please see www.summergate.org for full program details and policies.
Classes may be cancelled due to insufficient enrollments. If so, full refund of tuition will be made. Due to major commitments for equipment and personnel, tuition cannot be refunded for any other reason after July 2, 2016. Students voluntarily withdrawing on or before this date, will receive full tuition less a $100 service fee.

Parent's Name (print) _____

Day Phone (___) _____ Eve Phone (___) _____

Email _____

Return this form and tuition payment to G.A.T.E., 1456 9th Avenue, San Francisco, CA 94122. Make checks payable to G.A.T.E. Call 753-2966 with any questions.

Qualifying for SummerGATE

My child qualifies to apply for participation in SummerGATE because (**check only one**):

☐ My child attended SummerGATE previously in _____ (year).

☐ My child is identified as "Gifted." Please attach documentation.

☐ My child scores at or above the 85th percentile in standardized tests.

☐ My child's present teacher recommends SummerGATE participation. (see below)

Teacher Recommendation

I recommend _____ (child's name)
for SummerGATE. I believe a program for capable learners is an appropriate placement for this youngster.

Teacher's name:_____ School:_____

Signature: _____

SummerGATE Friend Request

If you want to be in a class with a friend, please list his/her name below. We will do our best to acommodate your request.

_____
(friend's first and last name)

Alternate Class Choices

We do our utmost to place SummerGATE students in their classes of choice in the requested order. Next, we try to place students in their classes of choice in a *different* order. Sometimes, however, we are unable to place a student in a particular class at any time. In such cases we can serve you better if you list classes you would like to take if your first choices (listed on the front of the form) are unavailable.

Please do not list any classes below that are already listed on the front of your application. This is an area to select BACK-UP choices.

Session III	If my other choices are full, please enroll me in: (exact name of Class)
Morning Classes	
1st Alternate Choice:	
2nd Alternate Choice:	
Afternoon Classes	
1st Alternate Choice:	
2nd Alternate Choice:	