

For office Use Only: Account Number: _____

Date Entered: _____

St. Thomas Episcopal School
Tiger Connection Summer Sensations Registration Form
(Children 3 years as of September 1, 2010 and up)

Student Name: _____ Parent Name: _____

School: _____ Date of Birth: _____ Grade 09/10: _____

Street Address: _____ Zip: _____

Phone: _____ Cell: _____ Male/Female

Course Number	Course Date	Course Description	Tuition Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
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_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Non-refundable Application Fee (\$10 per class/ maximum fee is \$30) \$ _____

Extended Day AM (7:30 – 9:00/\$25 per week)

Week 1 __ Week 2 __ Week 3 __ Week 4 __ Week 5 __ Week 6 __ Week 7 __ \$ _____

Extended Day PM (3:00 – 6:00/\$40.00 per week)

Week 1 __ Week 2 __ Week 3 __ Week 4 __ Week 5 __ Week 6 __ Week 7 __ \$ _____

Total Tuition \$ _____

4% Credit Card Fee \$ _____

Total Charged \$ _____

Tee Shirt Size (please circle): *Child S M L Adult S M L*

Pay by: Check # _____ Cash: _____ Visa/Mastercard _____

Credit Card # _____ Exp. _____