



Office Use:

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**St. Joseph's Preparatory School**  
Pre-8<sup>th</sup> Grade Summer Enrichment Program and  
Seventh Grade Practice Test Application

MARK THE APPROPRIATE BOX: *Please read carefully.*

**Pre-8th Grade Summer Enrichment Program ONLY (June 28—July 28)**

- Your check in the amount of \$150 must accompany this application.
- This deposit will be subtracted from the total tuition, books, and testing fees of \$1,375.00.
- Complete items 1-9.

**Seventh Grade Practice Test ONLY (Saturday, April 17 at 8:30 a.m.)**

- Your check in the amount of \$50 must accompany this application.
- Complete items 1-7.

**Pre-8th Grade Summer Enrichment Program + Seventh Grade Practice Test (BOTH)**

- Your check in the amount of \$200 (\$150 Pre-8th Program deposit + \$50 test fee) must accompany this application.
- This deposit will be subtracted from the total tuition, books, and testing fees of \$1,375.00.
- Complete items 1-9.

*\* All deposit monies are nonrefundable after March 1, 2010 and the balance is due on May 1.*

*\* Registration forms completed after May 1, 2010 require full tuition payment which includes nonrefundable \$150.00 deposit.*

**Student's Information** (Please print clearly):

1. First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

4. Gender:  Male  Female

5. Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent's Information:**

6. Mother's First Name: \_\_\_\_\_ Last: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

7. Father's First Name: \_\_\_\_\_ Last: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

8. **Transportation Service** (see enclosed "2009 Summer Bus Routes" schedule for details):  
*Two-Way Transportation: \$300.00    One-Way Transportation: \$150.00    Shuttle Service: \$110.00*

**A. Busing**

- Bus Route Number: Bus # \_\_\_\_\_
- Location of Stop Desired: \_\_\_\_\_
- Type of Bus Service:  
 Two-Way  
 One-Way (a.m.)                       One-Way (p.m.)

**B. Shuttle Service** (*to and from Center City: 16th & JFK*)

- Two-Way
- One-Way (a.m.)                       One-Way (p.m.)

**C. No transportation needed**

- Student will NOT require Prep transportation.

**9. Parent's Permission for Summer Program:**

<b>IN CASE OF EMERGENCY:</b>		
Permission to dispense Tylenol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission to send student to hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Insurance Carrier: _____		
_____ Parent/Guardian Signature		_____ Date

**PLEASE MAKE CHECK PAYABLE TO "ST. JOSEPH'S PREP".**  
1733 Girard Avenue  
Philadelphia, PA 19130  
Summer School Office: 215-978-1954