

**Telegraph Hill Neighborhood Center
After School Academy**

Waiting List Application

Your Name: _____ Relation to child: _____

Address: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Child's birth date _____

When would you like your child to start attending Tel-Hi? _____

Grade of child: K 1 2 3 4 5 School attending: _____

Notes: _____



Please mail back to:

Director of Programs
Telegraph Hill Neighborhood Center
660 Lombard Street
San Francisco, CA 94133