



ST PETER ACADEMY

Urban Explorers Summer Program

2019 SUMMER PROGRAM REGISTRATION FRIENDSHIP, ACCOMPLISHMENT, FUN

Explorer's Name		Date of Birth	Entering Grade Level Sept. 2016	Gender MALE / FEMALE
Home Address				
Parent / Guardian Name				
Home Phone	Business Phone	Mobile Phone	Email address	

Please Select Program Sessions

Program Hours 9:00 am – 4:00 pm REGISTER

Session 1 • June 24 – June 28	YES / NO
Session 2 • July 1, 2, 3*	YES / NO
Session 3 • July 8 – July 12	YES / NO
Session 4 • July 15 – July 19	YES / NO
Session 5 • July 22 – July 26	YES / NO
Session 6 • July 29 – August 2	YES / NO
Session 7 • August 5 – August 9	YES / NO
Session 8 • August 12 – August 16	YES / NO
Session 9 • August 19 – August 23	YES / NO
Session 10 • August 26 – August 30	YES / NO

Will you be utilizing
early 8:00 am and/or extended hours
4:00-6:00 pm options

YES / NO

Program Hours: 9:00 am – 4:00 pm
Early 8:00 am & Extended 4:00 – 6:00 pm
Hours Available

Weekly Program Cost:
General & Community \$325.00.

*Early Registration Savings For SPA 2019-2020
School Year Enrolled Families.
Enroll By April 30 \$275.00 – Save \$50.00 A
Week!*

2 to 4 days enrollment at a cost of \$80.00 a
day (\$70.00 a day with early registration) and
drop-in days at a cost of
\$85.00 a day (minimum 24 hour reservation
and dependent on space availability) is offered
to SPA 2019-2020 School Year Enrolled
Families.

Please inquire with the school business office.

Early & Extended Hours Cost: \$10.00 an hour.

*Session Two, July 4 Week Pricing Is \$275.00



Payment, Billing, Cancellation & Refund Policies:

- Cash, Check, Money Order or by Credit Card at StPeterAcademy.com/Summer-Program
- A \$50.00 nonrefundable deposit is due for each selected session at the time of registration. This deposit is applied to the cost of the session.
- Summer Program balance is due two weeks prior to the start of each session in order to prevent cancellation.
- A billing statement will be sent by email.
- Full payment is required prior to the first day of each session.
- No refunds are available commencing 2 weeks prior to session start date.

I have read and agree to the payment, billing, cancellation and refund policies.

Parent/Guardian Signature: _____

Date: _____

A completed enrollment file, including a physical (within the last 2 years) and most recent immunization records, must be on file at the school prior to the session start date. The enrollment forms will be emailed to you from the school business office.

Parent/Guardian Initials _____

Medical Emergency Information: In a medical emergency, St Peter Academy will make every effort to contact the parent or guardian. If the parent or guardian cannot be reached, the parent/guardian gives St Peter Academy permission to seek medical attention for your child at an emergency care facility. In addition, the parent/guardian gives permission to the attending physician to administer emergency care to your child pending your arrival at the medical facility.

I have read and agree to the Medical Emergency Information.

Parent/Guardian Signature: _____

Date: _____

St Peter Academy Office Use Only

Date: _____

Deposit Amount Paid: _____ Received By: _____

Balance Amount Paid: _____ Received By: _____

File Initiated Date: _____ File Completion Date: _____