



ST PETER ACADEMY

Urban Explorers Summer Program

2020 SUMMER PROGRAM REGISTRATION

FRIENDSHIP, ACCOMPLISHMENT, FUN

Explorer's Name		Date of Birth	Entering Grade Level Sept. 2020	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 22 – June 26	YES / NO
Session 2 • June 29 – July 2*	YES / NO
Session 3 • July 6 – July 10	YES / NO
Session 4 • July 13 – July 17	YES / NO
Session 5 • July 20 – July 24	YES / NO
Session 6 • July 27 – July 31	YES / NO
Session 7 • August 3 – August 7	YES / NO
Session 8 • August 10 – August 14	YES / NO
Session 9 • August 17 – August 21	YES / NO
Session 10 • August 24 – August 28	YES / NO
Session 11 • August 31 – September 4	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 \$350.00

*Early Registration Savings For
SPA 2020-2021 School Year Enrolled Families.
Enroll By April 30 \$290.00
Save \$60.00 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 2020-2021
School Year Enrolled Families.

Please inquire with the school business office.

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

*Session 2, July 4 Week Pricing Is \$280



Payment & Billing 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 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: _____

File Initiated Date: _____

File Completion Date: _____