



ST PETER ACADEMY

Urban Explorers Summer Program

2023 SUMMER PROGRAM REGISTRATION

FRIENDSHIP, ACCOMPLISHMENT, FUN

Explorer's Name		Date of Birth	Entering Grade Level Sept. 2023	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 26 – June 30*	YES / NO
Session 2 • July 3 – July 7**	YES / NO
Session 3 • July 10 – July 14	YES / NO
Session 4 • July 17 – July 21	YES / NO
Session 5 • July 24 – July 28	YES / NO
Session 6 • July 31 – August 4	YES / NO
Session 7 • August 7 – August 11	YES / NO
Session 8 • August 14 – August 18	YES / NO
Session 9 • August 21 – August 25	YES / NO

*June 30 - 12PM Early Release Date for Staff Professional Development
 **July 4 - Tuesday Closed for Holiday

Program Hours: 9:00 am – 4:00 pm
 Early 8:00 am & Extended 4:00 – 5:30 pm
 Hours Available

Weekly Program Cost:
 (Full Week Enrollment Required)
 SPA 2023-2024 Enrolled Families \$450.00
 General Community \$550.00
 Early & Extended Hours Cost: \$15.00 an hour.***

Will you be utilizing
 early 8:00 am and/or extended hours
 4:00-5:30 pm options

*** (Early and/or Extended Hour Session(s) Requires Full Week Enrollment)

YES / NO



Payment & Billing Policies:

- SPA Families will be billed through FACTS, General Public Payments by Cash, Check or 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: _____