



ST PETER ACADEMY

Urban Explorers Summer Program

2022 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 27 – July 1	YES / NO
Session 2 • July 5 – July 8	YES / NO
Session 3 • July 11 – July 15	YES / NO
Session 4 • July 18 – July 22	YES / NO
Session 5 • July 25 – July 29	YES / NO
Session 6 • August 1 – August 5	YES / NO
Session 7 • August 8 – August 12	YES / NO
Session 8 • August 15 – August 19	YES / NO
Session 9 • August 22 – August 26	YES / NO

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

Weekly Program Cost:
SPA 2022-2023 Enrolled Families \$437.50
General Community \$500.00

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

YES / NO



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: _____