

REGISTRATION FORM

St. Peter's School

SUMMER
PROGRAMS **2017**

Child's Name: _____

Grade Entering in Fall 2017 _____ Date of Birth: _____

Important Allergies/Medical Conditions* _____

**Please include a brief summary only. A complete medical information and permission form will follow in the spring,*

Parent/Guardian Name (s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

DISCOUNTS

Sibling Discount

\$50 off Second Child Each Week

\$75 off Third Child Each Week

CANNOT be combined with Multiple Week Discount

Multiple Week Discount

\$25 off Each Week Beyond First Purchased

CANNOT be combined with Sibling Discount

Early Bird Discounts

10% off Entire Order if Registering Before March 10, 2017

\$25 off Each Week if Registering Before April 7, 2017

CAN BE combined with Sibling or

Multiple Week Discount

OFFICE USE ONLY

- Email
- Tracking
- Attendance
- Invoice

DATE:

REGISTRATION FORM

St. Peter's School

SUMMER
PROGRAMS 2017

Child's Name: _____

PROGRAM OPTIONS

WEEK	PRESCHOOL TO FIFTH GRADE	FIRST AND SECOND GRADE	THIRD THROUGH FIFTH GRADE
	ENRICHMENT WEEKS	SPECIALTY PROGRAMS	SPECIALTY PROGRAMS
JUNE 19-23	<input type="checkbox"/> Journey to the Jurassic	<input type="checkbox"/> Romance Languages	<input type="checkbox"/> Monsters Among Us
JUNE 26-30	<input type="checkbox"/> Global Friends	<input type="checkbox"/> City Sports	<input type="checkbox"/> Mini United Nations
JULY 5-7 (3-day week)	<input type="checkbox"/> Outside the Box	<input type="checkbox"/> DIY Party Planning	<input type="checkbox"/> DIY Party Planning
JULY 10-14	<input type="checkbox"/> Into the Beyond	<input type="checkbox"/> Exploration Team	<input type="checkbox"/> Solving the Case
JULY 17-21	<input type="checkbox"/> Mad Scientist's Lab	<input type="checkbox"/> Stop Motion Stories	<input type="checkbox"/> Robotics
JULY 24-28	<input type="checkbox"/> The Theatre District	<input type="checkbox"/> Leap off the Page	<input type="checkbox"/> Musical Theater
JULY 31- AUGUST 4	<input type="checkbox"/> Lend Me a Hand	<input type="checkbox"/> Catch 'Em All	<input type="checkbox"/> Touch the Sky
AUGUST 7-11	<input type="checkbox"/> Off to the Olympics	<input type="checkbox"/> A World of Legends	<input type="checkbox"/> Science Olympics
AUGUST 14-18	<input type="checkbox"/> Mystic Brain Train	<input type="checkbox"/> Are We There Yet?	<input type="checkbox"/> Robotics
AUGUST 21-25	<input type="checkbox"/> Battle of the Bands	<input type="checkbox"/> Take the Stage	<input type="checkbox"/> Movie Making

How did you hear about us? _____