

Ss. Peter & Paul Summer Program 2017
5480 Main Street, Williamsville, NY 14221
Phone: (716) 632-6146 ext. 252

Dear Parents:

Summer Day Program 2017 will be held at Ss. Peter & Paul School this summer starting on Monday, June 26th and ending on Friday, August 18th, 2017. Your child is eligible if they attend Saints Peter and Paul's this school year or if they are 6 years old to 10 years old (If your child is 11 before September 1, 2017, or will be entering 6th grade in September 2017, they are not eligible.).

The program will run from 8:00 am - 5:30 pm, Monday through Friday with no service on Monday and Tuesday, July 3rd & 4th, 2017. Regular day and weekly service is available. Program rates are \$35.00 per child per day. We will send you a bill with payment due dates once we receive your registration form. **No child may start program without full payment.** Please use the calendar on the back of the registration form for desired days and weeks. **PAYMENTS ARE NON-REFUNDABLE.**

To register for Ss. Peter & Paul Summer Program 2017 please fill out the form below and on back, mail or drop-off to Ss. Peter & Paul Parish Office, 17 Grove Street, Williamsville, NY 14221. **Registration fees are as follows: \$100.00 for 1 child (\$75 will go towards program fees), \$125.00 for 2 children (\$75 will go towards program fees), \$150.00 for 3 children (\$75 will go towards program fees), \$175.00 for 4 or more children (\$75 will go towards program fees).** These fees **MUST** accompany your registration. **YOUR REGISTRATION FEE IS NON-REFUNDABLE.**

There are a limited number of spots. Any registration received after the program is full will be put on a waiting list. **This program fills fast!!** You may put multiple children on one form if they will be attending the same days; otherwise, we ask that you use multiple forms. Confirmation will be sent by mail once we receive your registration fees. If you have any questions, please contact sbrierley@ssppschoo.com.

Ss. Peter & Paul Summer Program Staff

Registration Form

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Date of Birth _____ Age _____

Parent's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact _____ Emergency Phone _____

Please list any allergies, required medication or medical restrictions _____

Any additional information we should know about your child _____

PLEASE FILL OUT CALENDAR ON BACK OF FORM
FOR PROGRAM DAYS NEEDED FOR YOUR
CHILD/CHILDREN.

June

S	M	T	W	T	F	S
	26	27	28	29	30	

July

S	M	T	W	T	F	S
	X	X	5	6	7	
	10	11	12	13	14	
	17	18	19	20	21	
	24	25	26	27	28	
	31					

August

S	M	T	W	T	F	S
		1	2	3	4	
	7	8	9	10	11	
	14	15	16	17	18	

I have read and understand the financial obligation. I understand that all payments are non-refundable.

(print)

X _____

(signature)

Family

Name _____

Child/Children _____

Please circle the days needed. Once we have received your registration we will send a statement for requested service. Payment may be made in the form of check (made out to Saints Peter and Paul Church) and mailed to the Parish Office at 17 Grove Street, or by credit card (MasterCard, Visa, Discover, or AmEx). Credit card payments may be made over the phone at 632-2559.

REGISTRATIONS WILL NOT BE PROCESSED WITHOUT REGISTRATION FEE.

*\$100.00/one child
\$125.00/two children
\$150.00/three children
\$175.00/ four or more
(\$75 will go toward program fees)*

**ALL PAYMENTS ARE
NONREFUNDABLE**

Office Use Only:

Registration \$ _____

of children _____

_____ Days x \$ _____

Total amount due:
\$ _____

Payments Received:

