



Ss. Peter & Paul Summer Program 2018

5480 Main Street, Williamsville, NY 14221

Phone: (716) 632-6146 ext. 252

Dear Parents:

Summer Day Program 2018 will be held at Ss. Peter & Paul School this summer starting on Monday, June 25th and ending on Friday, August 17th, 2018. 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, 2018, or will be entering 6th grade in September 2018, they are not eligible.).

The program will run from 8:00 am - 5:30 pm, Monday through Friday with no service on Wednesday, July 4th, 2018. Regular day and weekly service is available. Program rates are \$40.00 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 2018 please fill out the form (front and back) and 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, \$125.00 for 2 children, \$150.00 for 3 children, \$175.00 for 4 or more children. These fees MUST accompany your registration. YOUR REGISTRATION FEE IS separate from the Program Fee and 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 Fran Hill at fhill@sspps.school.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
	25	26	27	28	29	

July						
S	M	T	W	T	F	S
	2	3	X	5	6	
	9	10	11	12	13	
	16	17	18	19	20	
	23	24	25	26	27	
	30	31				

August						
S	M	T	W	T	F	S
			1	2	3	
	6	7	8	9	10	
	13	14	15	16	17	

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

(print)

X _____

(signature)

Family Name: _____

Child/Children Name(s) _____

Please circle the days needed. Once we have received your registration we will send a statement for requested enrollment. 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.

REGISTRATION FEES ARE SEPARATE FROM THE PROGRAM FEES.

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

ALL PAYMENTS ARE NONREFUNDABLE

Office Use Only:

Registration Fee: \$ _____

of children _____

_____ Days x \$40.00 x # _____ children

Total amount due:

\$ _____

Payments Received:
