

St. Peter's Lutheran School



2018

Dates: May 29-August 3, 2018

Time: 8:30am-2pm (Children bring a lunch and a drink)

Days: Monday through Friday

Ages: 2-7 years Limited # of non-potty trained children

(Before enrolling a 2 year old, a conversation must be had with Ginny)

****Registration fee per family: \$25 per week (snacks & supplies)**

1 child: \$120 per week/\$100 (4 day week)

2 children: \$210 per week/\$170 (4 day week)

3 children: \$290 per week/235 (4 day week)

***A minimum of 10 children must be signed up in order to hold camp.*

Weeks:

Themes:

May 29-June 1:	Buggin' Out (4 day week Tue-Fri)
June 4-8:	Storybook Camp (Pete the Cat Series)
June 11-15:	Symphony of the 5 Senses
June 18-22:	Vacation Bible School at St. Peter's (4 yrs and up)/Bible Camp
June 25-29	Happy Holidays! (5 different holidays)
July 2-3, 5-6:	Stars and Stripes (4 day week Mon-Tue, Th-Fr)
July 9-13:	Chicka-Chicka Boom Boom (Alphabet Fun & 1-2-3)
July 16-20:	Land, Sea and Pirates
July 23-27:	Fiesta Spanish Camp-Exposure to some Spanish required
July 30-Aug. 3:	Barnyard Palooza (closing day picnic)

You do not need to be a St. Peter's Lutheran student to attend. All are welcome! Information & Questions: Contact Ginny Deeter at 843-237-2792 or email stpeterslutheranpreschool@gmail.com



St. Peter's Lutheran School Registration Form 2018



Child #1: _____ Age: _____
Child #2: _____ Age: _____
Child #3: _____ Age: _____

Weeks Needed:

#1 ___ May 29-June 1 Buggin' Out! (4 day week)
#2 ___ June 4-8: Storybook Camp (Pete the Cat Series)
#3 ___ June 11-15: Symphony of the 5 Senses
#4 ___ June 18-22: Vacation Bible School at St. Peter's/Bible Camp
#5 ___ June 25-29: Happy Holidays!
#6 ___ July 2-3, 5-6: Stars and Stripes (4 day week)
#7 ___ July 9-13: Chicka-Chicka Boom Boom
#8 ___ July 16-20: Land, Sea and Pirates
#9 ___ July 23-27: Fiesta Spanish Camp (Spanish exposure required)
#10 ___ July 30-Aug. 3: Barnyard Palooza
___ \$25 Registration fee pd _____ Weekly Fee Pd #1 #2 #3 #4 #5 #6 #7 #8 #9 #10

Parent(s): _____

Email: _____

Cell #1: _____ Cell #2: _____

Emergency Contact (in case parents cannot be reached):

Name: _____ Phone #: _____

Physician: _____ Phone #: _____

Allergies: _____

*Please allow the following people to pick up my child(ren): _____

*ID will be required

If you are a new student to St. Peter's Lutheran School we will need a copy of your child's immunization record.

I, the undersigned, understand the payment policy. Payment is due on Monday morning of the week attending.

I, the undersigned, understand the late fee policy. A \$20 fee will be charged if I am later than 2:10pm.

I understand that the children will bring their lunch and a drink each day. Lunch is at noon.

Signature: _____ Date: _____