

2026 St. Peter's Lutheran School



Dates: June 1 – July 24, 2026

Rising 2.5-7yrs – limit 24

Time: 8:30am-2pm (Bring a lunch with drink)

Days: Monday through Friday (except for 1 week – Week #4)

**Registration fee per child: \$30 per week (snacks & supplies)

**Registration fee for 2nd or 3rd child: \$15 per week (snacks and supplies)

- 1 Enrolled child: \$140 per week *\$120 (4 day week)
Not enrolled child: \$155 per week *\$135 (4 day week)
- 2 Enrolled children: \$240 per week *\$200(4 day week)
Not enrolled children: \$255 per week *\$215 (4 day week)
- 3 Enrolled children: \$340 per week *\$280 (4 day week)
Not enrolled children: \$355 per week * \$295 (4 day week)

Weeks:

#1 June 1-5

#2 June 8-12

#3 June 15-19

#4 June 22-26

#5 June 29-July 2

#6 July 6-10

#7 July 13-17

#8 July 20-24

Themes:

Storybook Camp

Pirate Camp

Bible Camp

Chika-Chika Boom Boom (letters)

Holiday Camp (4 day week – closed Fri)

Cooking Camp

Barnyard Palooza

Circus Camp

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 2026



Child : _____ Age as of 6/2: ____
Child : _____ Age as of 6/2: ____
Child : _____ Age as of 6/2: ____

#1 ___ June 1-5	Storybook Camp
#2 ___ June 8-12	Pirate Camp
#3 ___ June 15-19	Bible Camp
#4 ___ June 22-26	Chika-Chika Boom Boom
#5 ___ June 29-July 2	Holiday Camp
#6 ___ July 6-10	Cooking Camp
#7 ___ July 13-17	Barnyard Palooza
#8 ___ July 20-24	Circus Camp

Weeks Needed:

___ \$30 Registration fee per week pd _____ Weekly Fee Pd #1 #2 #3 #4 #5 #6 #7 #8

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. You will be billed in Brightwheel (free app). Check/cash will also be accepted.

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: _____