Summer Camp Registration 2021 REGISTRATION

St. Peter's Child Development Center

(please print)		
Child's Name		
(Last)	(First)	(MI)
Name child is known by		-
Birthdate Grade jus		
Gender: FemaleMale		
Child's Home Address:		
Parents or Guardians:		
Mother's Name□ Mrs. □ Ms.□Dr		
Name Mother is known by		
Place of Employment	Work #	Cell #
Email	 	
Occupation		
Father's Name \square Mr. \square Dr. $___$		
Name Father is known by		
Place of Employment	Work #	Cell #
Email		
Occupation		
Marital Status of Parents	If divorced, who has cust	tody?
Siblings name & age		
Name of siblings & school attending_		
Are you a registered, contributing m	nember of St. Peters Churc	h?No
Registered parishioner of another Co	atholic parish?Yes	No
Name of Parish	How did you hear abo	ut us?
Parent/Guardian Signature	· · · · · · · · · · · · · · · · · · ·	Date
*\$45 Registration Fee, *\$50 activit registration. Please check the weeks	•	
(CAMP WILL NOT	F BE OFFERED THE WEEK OF July \$185.00 per week	<u>5)</u>
West of b	* Observed Wester of Total	. •
Week of Ju		•
Week of Jun	ne 7 Week of July	/ 12
Week of Jur	ne 14 Week of July	19
Week of Jur	ne 21 Week of July	26
Week of Jun	ne 28 Morning and afternoon s provided.	nack as well as a hot lunch will be
For Registrar's Use Only:		
Registration Fee: Date Rec'd:	Check No: Parish Ver	ification Form: