

# St. Peter's Child Enrichment Center

## Summer Camp 2026

Age 3 – Entering 1<sup>st</sup> grade

**Monday – Friday 9:00am – 12:00pm**

**\$180.00 per week**

PLEASE **CIRCLE** THE WEEK(S) YOU ARE REGISTERING FOR:

DATE	THEME
June 8 -12	<b>Vacation Bible School “Rainforest Falls”</b> (Children who have completed K need to register through the church)
June 15 – 19	<b>“Bugs, Bugs, Bugs”</b>
June 22 – 26	<b>“Edible Science”</b>
June 29 – July 3	<b>“Happy 250<sup>th</sup> Birthday, America!”</b>
July 6 - 10	<b>“Summer Sleuths”</b>
July 13 - 17	<b>“Coastal Science Fun”</b>
July 20 - 24	<b>“Future Farmers of America (Preschool Style)”</b>
July 27 – 31	<b>“Backyard BBQ”</b>

**\*\*NON-REFUNDABLE payment due at the time of Registration\*\***

**\*\*Physical/Immunization Records and Notarized Emergency Contact form  
must be on file PRIOR to attendance\*\***

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade/Class entering for 2026-2027 school year: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Person to Call: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Allergies/Concerns: \_\_\_\_\_

### CEC Office Use Only:

Total Amount Due: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Tuition Express Account \_\_\_\_\_

FORMS REQUIRED: \_\_\_\_\_ Physical \_\_\_\_\_ Immunization Record \_\_\_\_\_ Notarized Emergency Form \_\_\_\_\_