



WINTER VACATION PROGRAM 2019 SAINT PETER SCHOOL

For grades K1 to 8th. Please return forms to Saint Peter School office.
96 Concord Ave, Cambridge, MA 02138. One form per student.

Camper Information:

_____ M F
First Name Last Name

_____ _____
Date of birth Age Grade

Parent/Guardian Information:

_____ Name _____ Name
_____ Best phone number to reach you Cell/home/work _____ Best phone number to reach you Cell/home/work

_____ Email – Use for program correspondences and communication

Emergency Contact Information:

_____ Name _____ Best phone number to reach you Cell/home/work

Medical Information:

Please describe any medical conditions, allergies, and other concerns

Authorized Pick up list (other than parents)

_____ Name/Phone number/relation _____ Name/Phone number/relation

Week-long Program session –5 days/9:00 am to 3:00 pm: \$425/week
Individual days - 9:00 am to 3:00 pm: \$95/day
Extended day before program – 8:00 am to 9:00 am: \$8/day
Extended day after program – 3:00 pm to 5:30 pm: \$12/day
Lunch not included
Special sibling discount of 10% (First sibling full price/second sibling with discount)

Please register for any number/combo of days, select extended day options and return the form to the school office Att. Winter Vacation Program. Please note that there is a minimum of four students per day to run the program. Families will be billed on ParentsWeb Incidental Billing. Registration is due by February 4st.

Camper's Name _____

REGULAR SESSION:

EXTENDED DAY: Circle interested days

WEEK-LONG PROGRAM	9am-3pm	Register	8-9 \$8/DAY	3-5:30 \$12/DAY	Total
Monday - Friday 2/18-2/22	\$425	<input type="checkbox"/>	M T W T H F	M T W T H F	
INDIVIDUAL DAYS	9am-3pm	Register	8-9 \$8/DAY	3-5:30 \$12/DAY	Total
MONDAY 2/18	\$95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TUESDAY 2/19	\$95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WEDNESDAY 2/20	\$95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
THURSDAY 2/21	\$95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FRIDAY 2/22	\$95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PROGRAM TOTAL _____

Waiver and Release Form for Winter Vacation Program and Saint Peter School

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of participation in said event. This release is intended to discharge in advance Saint Peter School, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

Parental Consent: I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

Consent for Treatment: I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Saint Peter School will provide no medical insurance for such treatment and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature

Print Name

Date

Please email Mrs. Carazo or Ms. Kith if you have any questions at pcarazo@saint-peter-school.org or mkith@saint-peter-school.org
Thank you for your interest in the Winter Vacation Program!