



6161 Chambersburg Rd., Huber Heights, OH 45424

3526 • F (937) 237 – 3523

• P (937) 237-

Dear Families,

I would like to welcome to you the Saint Peter School Age Program (SAP). We are honored that you have chosen us to be a part of your child's school routine. The Saint Peter School Age Program (SAP) is a before and after school program. All students enrolled in Saint Peter School are eligible to participate in this program. SAP is a service to help parents provide quality care for their children before and/or after school hours and on some of the days that the school is closed (called non-school days).

SAP is a transition program between the regular school day and home that offers students safe, nurturing, and personal/social experiences within a Catholic environment. The staff encourages the development of a healthy self-image, a positive attitude, and good manners. School Age Program children can enjoy crafts, board games, toys, gym activities, movies, outdoor play, field trips (on non-school days) and socializing within a relaxed atmosphere. In addition, an area and time is set aside for homework time with assistance from our staff.

The School Age Program meets in the cafeteria before and after school, Door #4, labeled 'Kitchen'. Afternoon snack is included in the after-school tuition. The SAP begins on the first day of school and ends on the last day of school. School Age Program offers a Summer Camp Program for June and July, registrations coming out in March.

School Age Hours	Before (AM) 7:00am to 8:30am
	After (PM) 3:00pm – 6:00pm
Non-School Day Hours	7:30am – 5:30pm

Registration forms and tuition forms are available in the School Office, Early Childhood Center Office (Door #15) and in the SAP Program (Door #4).

For further information, please do not hesitate to reach out to Veronika Konokotin ([director@sp.sgfp.org](mailto:director@sp.sgfp.org)) or at (937) 237-3526. I look forward to getting to know every one of you as we set out on this journey together.

God Bless,

Veronika Konokotin  
Director

"Live a Life of Love, just as Christ loved us and gave Himself up for us as a fragrant offering and sacrifice to God." – Epesians 5:2

## REGISTRATION FORM

### SECTION 1 - CHILD INFORMATION



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### SECTION 3 – CHILD'S HEALTH INFORMATION

Child's Medical/Health Needs

Home Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Siblings in St. Peter Early Childhood Center:

### GUARDIAN #1 INFORMATION

Guardian Name \_\_\_\_\_ Email address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Work Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent/Guardian Address (if different from child's) \_\_\_\_\_ Home Phone \_\_\_\_\_

### GUARDIAN #2 INFORMATION

Guardian Name \_\_\_\_\_ Email address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Work Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent/Guardian Address (if different from child's) \_\_\_\_\_ Home Phone \_\_\_\_\_

### SECTION 2 - LIST 3 EMERGENCY CONTACTS AUTHORIZED TO TAKE CHILD FROM THE PROGRAM:

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_ Cell \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

### SIGN GRANT PERMISSION TO PROVIDE FIRST AID & TRANSPORTATION TO EMERGENCY CARE FACILITIES:

Date \_\_\_\_\_ Signature \_\_\_\_\_

I give permission to St. Peter SAP to take photographs/videos of my child and to use them in classroom or center displays and/or during promotional events. I understand my child's photo will not be placed on the website or used in formal promotional materials (i.e. brochures, commercials) without my separate written consent.

Date \_\_\_\_\_ Signature \_\_\_\_\_



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Child's Allergies/Treatment

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Child's Dietary Needs/Restrictions

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Child's Medication(s): A Medication Form Must Be Completed for Each Medication Administered While In Program

#### **SECTION 4 – TRANSPORTATION/ACTIVITY AUTHORIZATION**

Complete to Allow Child to Leave Program for Specific Activities with Specific People

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Destination/Activity

Departure Time

Authorization Time Period:

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Authorized Person

Return Time

#### **SECTION 5 – CONSENT**

I give permission to St. Peter SAP to take photographs/videos of my child and to use them in classroom or center displays and portfolios or during promotional events. I understand my child's photo will not be placed on the website or used in formal promotional materials (i.e. brochures, commercials) without my separate written consent.

**YES**

**NO**

Social media (St. Peter School/ Parish Website, Facebook)

Procare (SAP Communication App)

Pictures displayed in the cafeteria and school

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I give permission to Saint Peter School Age Program staff to accompany my child on supervised walking trips around the school and the school playground. When the center plans to take my child on a field trip to a specific location outside the center, I will be notified and asked to sign a detailed permission slip.

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Date

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Signature