



St. Peter Lutheran
SUMMER SPLASH 2025: Intended Use Form

2440 North Raucholz Rd., Hemlock, MI 48626
989.642.5659

Child(ren)'s Name(s) & Age(s): _____

Parent's Name: _____

Cell or Home Number: _____

Address: _____

Email: _____

1. Please indicate what days your child(ren) will attend by writing the approximate times of attendance in each square (ie: 8-4:30). Leave blank if your child(ren) will not attend.
2. If you need care on a day you have not signed up for, please call at least 24 hours in advance.
3. Prepaid punch cards are recommended. If not, all payments are due by Friday of the week your child(ren) is attending. Failure to make payment may result in the loss of child care.

WEEK	MON	TUES	WED	THURS	FRI
JUNE 9-13					
JUNE 16-20					
JUNE 23-27					
JUNE 30-JULY 4	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
JULY 7-11					
JULY 14-18					
JULY 21-25					
JULY 28 – AUGUST 1					
AUGUST 4-8				CLOSED	
AUGUST 11-15					
AUGUST 18-22			CLOSED	CLOSED	CLOSED

Parent Signature: _____

Date: _____