



SUMMER CAMP 2024 REGISTRATION FORM

Mother Teresa Regional Catholic School
405 Allendale Road King Of Prussia, PA 19406
610-265-2323 www.mtcschool.org

FEE: \$50 non-refundable registration fee (due by April 15th and will be credited to First week of Camp Fees)

(PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION)

Date of Application: _____

CAMPER INFORMATION

Weeks Attending:

___6/10___ ___6/17___ ___6/24___ ___7/01___ ___7/8___ ___7/15___ ___7/22___ ___7/29 (No Camp July 4th)

(Please mark your personal calendars with these dates.)

Weekly Rate: \$250 a week per child (all ages PK-5)

6-Week Rate: \$1020 per child for 6 weeks, and \$390 per child for 3rd child or more for 6 weeks (all ages PK-5)

8-Week Rate: \$1350 per child for 8 week, and \$480 per child for 3rd child or more for 8 weeks (all ages PK-5)

A 2 week written notice needs to be given if a change in schedule marked above is made in order to receive a refund.

Students entering Grades 6-8 who are interested in assisting a counselor are \$50/week (includes shirt and snacks)*

Shirt Size: (Please Check One) One camp shirt is free with registration. You can order additional camp shirts for \$10 each (Please Pay Separately When Registering).

___Youth Sm___ Youth Med ___Youth Lrg ___Adult Sm ___Adult Med ___Adult Lrg___Adult XL

Child's name (First, Middle, Last): _____

M___ F___ Date of Birth: _____ Age: _____ Grade Entering : _____

School District: _____ School: _____

FAMILY INFORMATION

Child resides with: Both parents ___ *Mother ___ *Father ___ *Other ___

Marital status: Married ___ Separated ___ Divorced ___ Single ___ Widowed ___

Father's Name: _____

Occupation: _____ Employer: _____

Work Telephone: _____ Cell Phone: _____

Contact E-Mail: _____

Mother's Name: _____

Occupation: _____ Employer: _____

Work Telephone: _____ Cell Phone: _____

Contact E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

*****MTC FAMILIES WILL BE BILLED WEEKLY TO THEIR FACTS ACCOUNT. FAMILIES WHO DO NOT ATTEND MTC MUST SUBMIT A CHECK BY THE MONDAY OF THE CAMP WEEK*****

OFFICE USE ONLY: Date Registration Fee Paid _____ Check# _____ FACTS _____