



**SUMMER CAMP 2026 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 15<sup>th</sup> 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:** (Please Check)

\_\_\_\_ 6/8 \_\_\_\_ 6/15 \_\_\_\_ 6/22 \_\_\_\_ 6/29 \_\_\_\_ 7/6 \_\_\_\_ 7/13 \_\_\_\_ 7/20 \_\_\_\_ 7/27

**(No Camp July 3rd)** (Please mark your personal calendars with these dates.)

**Camp Hours:** Arrival from 8AM to 9AM, Pickup from 4PM to 5PM

**Weekly Rate: \$295 a week per child (all ages PK-5<sup>th</sup> grade)**

**6-Week Rate: \$1218 per child for 6 weeks, and \$450 per child for 3rd child or more for 6 weeks (PK-5<sup>th</sup>)**

**8-Week Rate: \$1624 per child for 8 week, and \$540 per child for 3rd child or more for 8 weeks (PK-5<sup>th</sup>)**

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

**Shirt Size: (Please Check One) One camp shirt is free with registration. You can order additional camp shirts for \$15 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 \_\_\_\_\_**