



**SUMMER CAMP 2020 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 19<sup>th</sup> and will be credited to 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  
**(No Camp July 3<sup>rd</sup>)** (Please mark your personal calendars with these dates.)

**Cost: \$165/week or \$675/all 6 weeks**

*\*\*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 \$6 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 \_\_\_\_\_

**OFFICE USE ONLY: Paid** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Check#** \_\_\_\_\_ **FACTS** \_\_\_\_\_