



SUMMER CAMP 2023 REGISTRATION FORM

Saint Teresa of Calcutta Education Center
256 Swamp Pike, Schwenksville, PA 19473
610-287-2500 ext. 3 www.StTeresacalcutta.com

FEE: \$60 non-refundable registration fee

(PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION)

Date of application _____

CAMPER INFORMATION

Days Attending Summer Camp: (Circle One) 3 Days 5 Days Which Days? M T W TH F

Weeks attending: (Please Check) ___6/12 ___6/19 ___6/26 ___7/3 ___7/10 ___7/17 ___7/24

___7/31 ___8/7 ___8/14 (Please mark your personal calendars with these dates.)

Payments will be scheduled in FACTS: 6/5-if you are registered for weeks 6/12 through 6/30
6/26-if you are registered for weeks 7/3 through 7/21
7/24-if you are registered for weeks 7/24 through 8/18

If you need to cancel your registration after Camp Fees are pulled, they may be applied to another 2 weeks in the summer if available. Changing the weeks that have registered is not guaranteed and based on availability in the program.

Child's name (first middle last) _____ M _____ F _____

Date of Birth _____ Age _____ Grade Entering _____ School District _____ School _____

Is there any medical information we should know? _____

- Does your child require accommodations due to health, physical, social, cognitive and/or behavioral needs? YES NO

Shirt Size: (please check one) One camp shirt is free with registration. IF YOU DO NOT SELECT A SIZE, YOUR CHILD WILL RECEIVE A YOUTH MEDIUM.

___ Youth Small 6-8 ___ Youth Medium 10-12 ___ Youth Large 12-14 ___ Adult Small 16-18

FAMILY INFORMATION

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

*If the child DOES NOT reside with both NATURAL/ADOPTED PARENTS, you must provide a Child Custody Agreement.

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 ___