



**SUMMER CAMP 2025 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 (3 days is strictly T W TH)

Weeks attending: (Please Check) \_\_\_6/9 \_\_\_6/16 \_\_\_6/23 \_\_\_6/30 \_\_\_7/7 \_\_\_7/14 \_\_\_7/21  
\_\_\_7/28 \_\_\_8/4 \_\_\_8/11 (Please mark your personal calendars with these dates.)

Payments will be scheduled in FACTS: 5/15-if you are registered for weeks in June  
6/15-if you are registered for weeks in July  
7/15-if you are registered for weeks in August

Registrations are final and non-refundable. Monthly camp charges are final and non-refundable.  
2 week notice of cancellation is required. If two weeks notice is not given, charges will be applied and are non-refundable. (We pay for activities in advance and they are not refundable to us).

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 \_\_\_\_\_