



**SUMMER CAMP 2025 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)

\_\_\_\_\_ 6/9 \_\_\_\_\_ 6/16 \_\_\_\_\_ 6/23 \_\_\_\_\_ 6/30 \_\_\_\_\_ 7/7 \_\_\_\_\_ 7/14 \_\_\_\_\_ 7/21 \_\_\_\_\_ 7/28

**(No Camp July 4th)** (Please mark your personal calendars with these dates.)

**Weekly Rate: \$275 a week per child (all ages PK-5<sup>th</sup> grade)**

**6-Week Rate: \$1158 per child for 6 weeks, and \$420 per child for 3rd child or more for 6 weeks (PK-5<sup>th</sup>)**

**8-Week Rate: \$1560 per child for 8 week, and \$520 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.\*\*

\*\*Students entering Grades 6-8 who are interested in assisting a counselor are \$50/week\*\*\*

**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 \_\_\_\_\_**