



**SUMMER CAMP 2026 REGISTRATION FORM**

Saint Teresa of Calcutta Education Center  
256 Swamp Pike, Schwenksville, PA 19473  
610-287-2500 ext. 303 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)** \_\_\_6/15 \_\_\_6/22 \_\_\_6/29 \_\_\_7/6 \_\_\_7/13 \_\_\_7/20

\_\_\_7/27 \_\_\_8/3 \_\_\_8/10 (Please mark your personal calendars with these dates.)

**Registrations are final and non-refundable. Monthly camp charges are final and non-refundable. Two week notice of cancellation is required. If two weeks isn't 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** \_\_\_\_\_