2017 Cathedral Camp Registration Form

To be used for registrations that will be privately paid.

CAMPER: _____ _____ _____ **Gender:** _____
Last Name **First Name** **M.I.**

Age: _____ (as of 7/5/17) D.O.B.: _____ Grade: ____ (Fall 2017) School attending: _____
Month Day Year

Did this child previously attend Cathedral Camp? _____ If yes, how many summers? _____ Last summer? _____

Custodial parent/guardian: _____ _____Home Phone: _____Work:_____
(Please print) Last Name First Name

Second parent/guardian: _____ _____Home Phone: _____Work _____
(Please print) Last Name First Name

Camper's home address: _____ Town:_____ State:_____ Zip:_____

Home phone: _____ Custodial parent cell: _____ Second parent cell: _____

Emergency contact: _____ _____ Phone: _____
Name Relationship

*Other authorized pickup: _____ _____ Phone: _____
Name Relationship

Security question: "What is the name of the first school the custodial parent/guardian attended?" _____

****A picture I.D. is required of anyone picking up a child at camp or at a bus stop.***

Check session(s). One-Week Sessions: ☐ First: July 5 – 7 ☐ Second: July 10 – 14 ☐ Third: July 17 – 21 ☐ Fourth: July 24 – 28

☐ Fifth: July 31–Aug. 4 ☐ Sixth: Aug. 7– 11 ☐ Seventh: Aug. 14 – 18

Transportation: Morning

____ My child will take the bus to camp
____ I will drop my child off for extended care 8-8:45 am
____ I will drop my child off at camp for 8:45 am

Afternoon

____ My child will take the bus home from camp
____ I will pick up and sign out my child at extended care 3:45 – 5 pm
____ I will pick up and sign out my child at the end of camp 3:45 pm

A.M. Stop #: _____ Bus #: _____ Time: _____Location: _____

P.M. Stop #: _____ Bus #: _____ Time: _____Location: _____

(For campers 12 and older) My child may walk home from the bus stop. _____ Yes _____ No

Bus transportation is free, but will be denied for misbehavior on the bus.
Once a child is registered, a $25.00 fee will be assessed for any session or bus changes.
No bus route changes will be permitted once a session has started. Bus stop changes will be allowed with written notice.

Over please→

Group with? (*Cannot guarantee grouping preference)* Friend's Name: _____ Age: _____ Male □ Female □

Cathedral Camp reserves the right to take photos/videos/testimonials of participants for marketing purposes (brochures, websites, publications, etc.).

If your child requires a one-on-one aide, who will provide the aide? _____

First session's fee is due upon registration. Amount Enclosed: $_____

(If attending multiple sessions, each session fee is <u>due one-week before the start of that session</u>.)

If paying by credit or debit card, please complete the following information: Am. Express □ Visa □ Master Card □ Discover □

Credit Card Number: _____ *CVV #: _____ Exp. Date: _____

(*CVV# is a security feature. It is the 3-digit number printed on the back of Visa and MasterCard or the 4-digit number printed, not embossed, on the front of American Express.)

Name as it appears on card (please print): _____

Signature: _____

If paying by check, please make check payable to **Cathedral Camp.**

Signature of Parent or Guardian _____Date_____

Please return the following documents to:

Cathedral Camp
P.O. Box 428
East Freetown, MA 02717-0428

- **Registration form** and **session fee.**
- **Authorization form** for child pick-up at bus stops found on **reverse side of Cathedral Camp Bus Routes**.
- **Health f*orm*** *and an official copy of camper's physical exam (must be dated **within two years** of start of camp),* ***and*** *a copy of camper's immunization record certified by a physician or school nurse* (*a current school record is acceptable).*

Use the space below to provide any additional information concerning your child's behavior and physical, emotional, or mental health that the camp should be aware of. Thank you.

CATHEDRAL CAMP IS LICENSED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH.