

# 2019 Cathedral Camp Registration Form

To be used for registrations that will be privately paid.

**CAMPER:** \_\_\_\_\_  
Last Name First Name M.I. Gender: \_\_\_\_\_

Age: \_\_\_\_\_ (as of 6/24/19) D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_ (Fall 2019) 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: June 24 – 28  Second: July 1 – 3  Third: July 8 – 12  Fourth: July 15 – 19  
 Fifth: July 22 – 26  Sixth: July 29 - Aug. 2  Seventh: Aug. 5 – 9  Eighth: Aug. 12 – 16

## 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 →**

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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 due one-week before the start of that session.)***

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**.

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**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 form** 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.**