

2020 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 7/6/2020) D.O.B.: _____ Grade: _____ (Fall 2020) School attending: _____
Month Day Year

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

Custodial parent/guardian: _____
(Please print) Last Name First Name Home Phone: _____ Work: _____

Second parent/guardian: _____
(Please print) Last Name First Name Home Phone: _____ Work: _____

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

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

Emergency contact: _____
Name Relationship Phone: _____

*Other authorized pickup: _____
Name Relationship Phone: _____

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 6-10 Second: July 13-17 Third: July 20-24 Fourth: July 27-31
 Fifth: Aug. 3-7 Sixth: Aug 10-14 Seventh: Aug.17-21

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? _____

What else should we know about this child to better serve his/her needs? _____

Session fee of \$275.00 is due upon registration. Amount Enclosed: _____

(If attending multiple sessions, each session fee of \$275.00 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**.

Signature of Parent or Guardian _____ Date _____

Please return along with this registration form:

- (1) Health Form with an official copy of camper's physical exam (must be dated within two years of start of camp),***
- (2) Copy of camper's immunization record certified by a physician or school nurse (a current school record is acceptable), and***
- (3) Authorization form for child pickup at camp/bus stop.***

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