

# MACS 2025 Summer Camp Registration Form

Please Check Camp Location: ☐ St. Mark School ☐ St. Patrick School ☐ St. Matthew School

A) Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Current School \_\_\_\_\_ Entering Grade \_\_\_\_\_

**Select shirt size:** ☐youth small 6-8 ☐youth medium 10-12 ☐youth large 14-16 ☐youth extra large 18-20 ☐Adult Small ☐Adult Medium

B) Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Current School \_\_\_\_\_ Entering Grade \_\_\_\_\_

**Select shirt size:** ☐youth small 6-8 ☐youth medium 10-12 ☐youth large 14-16 ☐youth extra large 18-20 ☐Adult Small ☐Adult Medium

C) Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Current School \_\_\_\_\_ Entering Grade \_\_\_\_\_

**Select shirt size:** ☐youth small 6-8 ☐youth medium 10-12 ☐youth large 14-16 ☐youth extra large 18-20 ☐Adult Small ☐Adult Medium

Check the weeks you wish to register your children. Also, check each child's corresponding letter (found next to the "Child's Name" above) for each child who will be attending each registered week.

Registration \$

Balance

Paid: \_\_\_\_\_

Please do not write in shaded areas!

_____ Wk 1      A      B      C June 9 – June 13	\$	\$	\$
_____ Wk 2      A      B      C June 16 – June 20	\$	\$	\$
_____ Wk 3      A      B      C June 23 – June 27	\$	\$	\$
_____ Wk 4      A      B      C July 7 – July 11	\$	\$	\$
_____ Wk 5      A      B      C July 14 – July 18	\$	\$	\$
_____ Wk 6      A      B      C July 21 – July 25	\$	\$	\$

### Family Info

Parent Name(s) \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Alt # \_\_\_\_\_

**\*If you are a current MACS family,**

Email \_\_\_\_\_ please use your email associated with your FACTS account.

Emergency Contact \_\_\_\_\_ Emergency Contact Cell# \_\_\_\_\_

Insurance Name and Policy # \_\_\_\_\_

Allergies \_\_\_\_\_

Any medical conditions that we need to be aware of? \_\_\_\_\_

I have read and agree to comply with the MACS Summer Camp Policy and Procedure guidelines, as noted in the 2025 Summer Camp brochure. I understand that camp is non-refundable, regardless of reason, and if canceled, I am also responsible for any balances.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please email your completed form as an attachment to [MACScamp@rcdoc.org](mailto:MACScamp@rcdoc.org)

Once your registration form is received, you will receive an email confirmation reserving your child(ren)'s spot if accepted and a prepay email invite from FACTS Tuition Management with instructions on how to submit payment. You must submit payment in order to be confirmed. **CAMP IS NON-REFUNDABLE.**