

Camp Notre Dame 2023 Kids Kamp Application

Print and complete this form. Mail with **\$90** deposit per camper to:

CAMP NOTRE DAME
PO BOX 74
FAIRVIEW, PA 16415-0074

You will receive an email confirmation upon receipt of this registration form and deposit.

Camper Information:

Camper's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Male: _____ Female: _____

Date of Birth: ____ / ____ / ____

Age on Arrival: _____

School Attending: _____

Parent Name(s): _____

Phone Number: (____) _____

Email (required): _____

To register additional campers, please complete, print, and mail a separate form for each camper.

Day Camp Sessions:

15 day maximum per summer

Camper ages: 4 - 8

Please select your preferred session(s):

WEEK 1: JUNE 26 - 30

WEEK 2: JULY 5 - 7 *

WEEK 3: JULY 10 - 14

WEEK 4: JULY 17 - 21

WEEK 5: JULY 24 - 28

WEEK 6: JULY 31 - AUGUST 4

WEEK 7: AUGUST 7 - 11

Please select the day(s) your camper will attend:

FULL WEEK

TWO DAY WEEK - T/TH

THREE DAY WEEK - M/W/F

Camper Rates:

First Child:

\$200 full week

\$150 two day week

\$160 three day week (*including Week #2 July 5-7)

Second Child / Second Week:

\$180 full week

\$135 two day week

\$150 three day week (*including Week #2 July 5-7)

For the Record:

Child is a ____ first-time or ____ returning camper

How did you hear about Camp Notre Dame?

For Office Use Only:

Date Received: _____

Number of weeks attending: _____

Confirmed: _____

Total Fee: _____

Deposit: _____ Date: _____

Check Number: _____

Balance Due: _____ Date: _____

Check Number: _____