

Summer Camp Registration 2026

PLEASE PRINT

Age: _____ 2-Year-Old _____ 3-Year-Old _____ 4-Year-Old _____ 5-Year-Old

Full Name of Child: _____ Date of Birth: _____

Name Child is Called: _____ Preferred Phone Number: _____

Home Address: _____

Street

City

State

Zip Code

Is child allergic to peanuts? ____Yes ____No

Does child have other allergies? ____Yes ____No

Is child potty trained? ____Yes ____No

If yes, please list: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

E-mail address _____

If your child is a current student of St. Vincent de Paul Preschool, may we use the current paperwork on file regarding authorization for pick-up and emergency information? ____ Yes ____ No, I would like new paperwork.

Summer Camp Dates: *Please select all weeks for which you wish to register your child.*

June 8-12

June 22-26

July 6-10

Hours: 9:00am-12:00pm daily

Summer Camp Rates: Fees include all supplies and snacks.

Registration Fee: \$50 (Registration Fee is non-refundable)

Weekly Tuition: \$150 x Number of Weeks _____ = _____ + \$50 = _____



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