Cross of Christ Lutheran Church

576 Deer Park Ave Babylon, N.Y.

Church Office phone: 631-661-7245

Application for Enrollment

Cross of Christ Summer Fun Program

July 9th, 2024 through August 1st, 2024

Tues/Wed/Thurs Mornings - 9:30 a.m. - 12:00 Noon

Today's Date ___/__/___

Child's Last Name	First	Birth Date _			Sex
Address	Το	own			Zip
Parent's Name		Phone			
Parent's alternate phone # _					
Parent's Name		Phone			
Parent's alternate phone # _					
Emergency Contact Name					
Emergency phone number must le contact the parent first but a back Please list the names of people of your child up from our program (i	kup number is required. other than the parents and em	nergency contact	-	-	
Does your child have any allergie	es? Yes / No Please list		_ Epi per	n? Y€	es / No
Pediatrician's name and phone _					
	s old by July 1st. Please notif	•	-	-	
Is your child currently enrolled in					
How did you learn about our Proc					
Other children you would like place	ced in your child's class IF PC	JSSIBLE? Childre	en are p	lace	d by age.
COST: \$345.00 for 4 weeks. A d	deposit of \$200.00 must be	paid at registrat	ion to g	juara	antee a spot in

Cross of Christ Summer Fun. The remaining balance of \$145.00 must be paid by <u>June 17th</u>. Any questions email: <u>cocsummercamp@gmail.com</u>.

Please submit a copy of your child's birth certificate (if we don't have one on file), a recent copy of your child's immunization records (if we don't have one on file), and <u>non refundable cash or check deposit</u> payable to: Cross of Christ Lutheran Church

Office use only:				
Deposit	Amount	Check #	Date Received	
Balance	Amount	Check #	Date Received	