



**CROS Summer Camp 2020**  
**Elementary Application for completion of VPK thru**  
**rising 5<sup>th</sup> graders**

Our camp program is a nine-week summer day camp program for children, who have completed kindergarten and just finished 8th grade, living in Title I zip codes (neighborhoods receiving federal funding for schools where at least 40% of the students are from families with low incomes). Our program is built upon a Christian foundation that promotes school readiness, ensures proper nutrition, and guarantees a safe nurturing place for campers to call "home" during the day.

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**Cost:** \$35.00 per week (\$315.00 entire summer)

**Sibling Discount:** \$50.00 per sibling

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Sunlight Community Church  
1325 North A Street  
Lake Worth, FL 33460  
Monday-Friday-7:30-5:00 PM  
June 1, 2020-July 30, 2020

Please fill out the following application and submit with all required documentation **including a non-refundable \$25.00 application processing fee per child. The processing fee can be sent as a check or money order.** Once your application has been processed you will be notified by phone or email. Submitting a camp application does not guarantee enrollment. **Please Note: if you are accepted into our program, there will be a MANDATORY orientation in May. Space is limited.**

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Applications can be **MAILED** to CROS Ministries: CAMP  
3677 23<sup>rd</sup> Ave S. #B-101  
Lake Worth, FL 33461  
561-233-9009 ext. 102 ~561-233-9819 Fax  
[www.crosministries.org](http://www.crosministries.org)  
Email: [emilyz@crosministries.org](mailto:emilyz@crosministries.org)

**One camper per application  
(Please print clearly)**

**Please fill out the application and include all photocopies and documents needed including the \$25.00 non-refundable processing fee per child. Applications will NOT be processed without proper documentation or processing fee.**

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Camper's Full Name: \_\_\_\_\_ Returning Camper: YES or NO

Sex: Male/ Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade in School (Fall 2020): \_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Address:

\_\_\_\_\_

Street	City	Zip Code
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Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**T-shirt Size:** Youth: Small Medium Large Extra Large  
Adult: Small Medium Large Extra Large

**In order to qualify for the program you must provide a copy of your camper's current SCHOOL REPORT CARD or PROGRESS REPORT and ONE of the following items.**

\_\_\_\_ Food Stamps Letter \_\_\_\_ Free or reduced lunch letter \_\_\_\_ Last 2 pay stubs of working person in household

# of people in your household? \_\_\_\_\_ # of people working in your household \_\_\_\_\_

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**Optional:**

Caucasian: \_\_\_\_ Asian: \_\_\_\_ Hispanic/Latino: \_\_\_\_ Black: \_\_\_\_  
Haitian: \_\_\_\_ Native American \_\_\_\_ Multi-racial: \_\_\_\_ Other: \_\_\_\_

Referred By: \_\_\_\_\_

**Office Use Only:**

Processing fee: \_\_\_\_ Check /Money Order#: \_\_\_\_ Cash: \_\_\_\_

Report Card/Progress Report: \_\_\_\_ Financial Documentation: \_\_\_\_

Date Received: \_\_\_\_ Staff Initials: \_\_\_\_ Approved: \_\_\_\_ Called/Emailed: \_\_\_\_