



CROS Summer Camp 2020

Middle School Application-rising 6th-8th graders

Our nine-week Middle School program is now called The STEP UP program. The program is designed for campers who have completed the 5th grade through 8th grade only.

The STEP UP program will focus on leadership development, learning new skills, and being in community with other campers. The program will have a dedicated staff person who will work with the campers.

Other activities include: Guest Speakers, Community Service Project, Robotics, Home Economics, Martial Arts, Small Groups, Book Study with discussion, and dedicated field trips for STEP UP Program participants.

Cost: \$40.00 per camper per week (\$360.00 entire summer)

Sibling Discount: \$50.00 per sibling

A three paragraph hand written essay from the camper answering the following 2 questions:

Why do you want to be part of the Middle School Program? Give 5 reasons.

What does being a leader mean to you?

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.**

Applications can be **MAILED** to CROS Ministries: CAMP
3677 23rd Ave S. #B-101
Lake Worth, FL 33461
561-233-9009 ext. 102 ~561-233-9819 Fax
www.crosministries.org
Email: 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: _____