



2008 Cross of Christ Summer Camp Registration Form

Please Print

Student Name _____
Last First Middle

Student Address _____
Street City State Zip Code

() _____
Home Phone # Date of Birth Age Sex Entering Grade _____

Please Mark the Week(s) for Camping

_____ June 2-6 Calling All Mathletes! _____ July 7-11 Bam! Cooking and Science
_____ June 16-20 Art Explosion! _____ July 14-18 Oodles of Fun With Sports/Games
_____ June 23-27 Now We're Booking!

Please Indicate the Time(s) Needed for Each Week

	Time	Fee
June 2-6 Calling All Mathletes	_____	\$_____.
June 16-20 Art Explosion!	_____	\$_____.
June 23-27 Now We're Booking!	_____	\$_____.
July 7-11 Bam! Cooking and Science	_____	\$_____.
July 14-18 Oodles of Fun With Sports/Games	_____	\$_____.
Check # _____	Amount Paid _____	

Father's Name

Mother's Name

Home Address (if different from above)

Home Address (if different from above)

Dad's Cell Phone Dad's Business Phone

Mom's Cell Phone Mom's Business Phone

Driver's License # State

Driver's License # State

With whom does the child reside? _____

Are there special custody arrangements about which we should know? _____

Who is responsible for Camp fees? _____

EMERGENCY CONTACTS

CONTACT #1

CONTACT #2

Name _____

Name _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

- I. If your normal transportation is unavailable, please call the office with the driver's license number of the person who will be picking up your child. This is required when the Camp staff and/or child may not know the individual providing transport. Initial _____
- II. I give permission for my child to be photographed for editorial, promotional, and audiovisual presentation by Cross of Christ. I consent to the reproduction and use of these photographs. Initial _____
- III. My child is in an on-going health program with Dr. _____. He/She is in good health and is able to participate in all activities with Cross of Christ Camp without restrictions. Initial _____
- IV. Please list any special problems or needs, including known allergies, existing illnesses, previous serious injuries or illnesses, any disabilities, any hospitalizations during the past 12 months, and any medication prescribed for long-term, continuous use. _____

V. These Persons are allowed to pick up my child from Cross of Christ Summer Camp.

Name _____ D.L. # _____

Name _____ D.L. # _____

Name _____ D.L. # _____

Please check all that apply.

____ We are a COCLC or a COCCS family. ____ Please send me information about Cross of Christ Christian School.

____ Current immunizations are on file at COCCS.

Signature of Parent

Date

Cross of Christ reserves the right to alter the specifics of any program and to add or delete offerings. Cross of Christ does not discriminate on the basis of race, gender, religion, or ethnic origin.

Cross of Christ Lutheran Church and School * 39808 N. Gavilan Peak Pkwy. * Anthem, AZ 85086 * 623-551-3454