

Registration Form:

Child's Name:

Child's Birthday: _____

Parents' Names:

Address:

Phone Number:

Emergency Contact:

People authorized to pick up my child:

Allergies:

Medications:

I authorize the staff at Holy Cross to administer first aid as needed for my child

Parent signature required

Check the weeks you want your child to attend:

_____ **Week 1: June 10-14 Fun with Books \$75**

_____ **Week 2: June 17-21 Under the Sea \$75**

_____ **Week 3: June 24-28 Woodland Wonder \$75**

_____ Total amount enclosed

Please make checks payable to Holy Cross Lutheran School

HOLY CROSS LUTHERAN

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Exploring with a
Higher purpose



Holy Cross
Preschool
Summer Camp

316-684-4431

