

Name of Student: _____
(last) (first) (middle)

Application for Age:___ (NO CHILD MAY SPEND MORE THAN 11 HOURS IN THE CENTER)

Address of Student _____ Zip: _____

Name of Development _____ Phone # () _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Are You A Member Of Zion: Yes _____ No _____ Morning Care _____ Evening Care _____

Date of Baptism: _____ Church: _____

City _____, State _____
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Father

Mother

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone # _____

Home Phone # _____

Cell # _____

Cell # _____

Work # _____

Work # _____

Church _____

Church _____

Name of Pastor _____

Name of Pastor _____

Address of Church _____

Address of Church _____

Denomination Baptist, Catholic, Methodist,

Denomination Baptist, Catholic, Methodist,

Other _____

Other _____

Attend regularly Yes _____ No _____

Attend regularly Yes _____ No _____

Occupation: _____

Occupation: _____

Place of Work _____

Place of Work _____

Address: _____

Address: _____

Has student experienced any difficulty in daycare/ school in the past? _____

Name of last daycare/school attended: _____ Phone # _____

WHO RECOMMEND ZION'S CHRISTIAN ACADEMY TO YOU? _____

WHAT ARE YOUR PRIMARY REASONS FOR SELECTING ZION'S CHRISTIAN ACADEMY? _____
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(OFFICE USE ONLY)

Date received _____ Record release signed: _____

Appl. & Regis. Fee _____ Records requested _____

Birth Certificate/Adoption Verification Records received _____

Acknowledged: _____ Accepted: _____

Med/Dental Forms Given _____ Med/Dental Forms Received _____

Bookkeeper: _____ Notes: _____

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FINANCIAL INFORMATION:

MORNING CARE:
\$ 250.00 WEEK, \$ 1000.00 MONTH
MONDAY THRU FRIDAY
7:00 A.M. - 6:00 P.M.

EVENING CARE:
300.00 WEEK \$ 1,200.00 MONTH
MONDAY THRU FRIDAY
6:00 P.M. - 12:00 A.M.

REGISTRATION/APPLICATION FEES \$ 100.00

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(OFFICE USE ONLY)

Date received _____ Record release signed: _____

Regis. Fee _____ Records requested _____

Birth Certificate/Adoption Verification Records received _____

“Train up a child in the way he should go: and when he is old, he will not depart from it.”
Proverbs 22:6
~OVER~

Zion's Christian Academy - Infants (6 Weeks to 24 Months)
1717 Broening Highway
Baltimore, Maryland 21224

Application For Enrollment

Today's Date: _____

20____-20____

Mrs. Natalie Thomas, Director

Sch#: 410-631-4004, Fax#: 410 631-5604