

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: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Place of Birth: \_\_\_\_\_

Are You A Member Of Zion: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_  
+++++

**Father**

**Mother**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Work # \_\_\_\_\_

Work # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Check What Applies:

Check What Applies:

\_\_\_\_\_ Widower \_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced \_\_\_\_\_ Remarried

\_\_\_\_\_ Widower \_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced \_\_\_\_\_ Remarried

Is student by present marriage? \_\_\_\_\_

Is student by present marriage? \_\_\_\_\_

Do you attend church? \_\_\_\_\_

Do you attend church? \_\_\_\_\_

How often? \_\_\_\_\_

How often? \_\_\_\_\_

Name of Church \_\_\_\_\_

Name of 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 \_\_\_\_\_

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? \_\_\_\_\_

+++++

**(OFFICE USE ONLY)**

Date received \_\_\_\_\_ Age \_\_\_\_\_ Record release signed: \_\_\_\_\_

Appl. & Regis. Fee \_\_\_\_\_ Records requested \_\_\_\_\_

Birth Certificate/Adoption Verification Records received \_\_\_\_\_

Acknowledged: \_\_\_\_\_ Accepted: \_\_\_\_\_

Med/Dental Forms Given \_\_\_\_\_ Med/Dental Forms Received \_\_\_\_\_

+++++

**FINANCIAL INFORMATION**

**\$ 150.00 WEEK, 600.00 MONTH**

**TEXTS BOOKS**

**\$ 65.00**

**REGISTRATION/APPLICATION FEES \$ 100.00**

+++++

**(OFFICE USE ONLY)**

Date received \_\_\_\_\_ Age \_\_\_\_\_ Record release signed: \_\_\_\_\_

Regis. Fee \_\_\_\_\_ Records requested \_\_\_\_\_

Birth Certificate/Adoption Verification Records received \_\_\_\_\_

Natalie Thomas, Director Office #: 410 631-4004 or Cell #: 443 306-1242

**“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** -  
1717 Broening Highway  
Baltimore, Maryland 21224

**Pre-School 2yrs - 5yrs.**  
Application For Enrollment  
Today's Date: \_\_\_\_\_

**20\_\_ -20\_\_**  
Mrs. Natalie Thomas, Director  
Sch#: 410-631-4004, Fax#: 410 631-5604