

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 \_\_\_\_\_

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

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

**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? \_\_\_\_\_

+++++

**(OFFICE USE ONLY)**

Date received \_\_\_\_\_ Grade \_\_\_\_\_ 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: \_\_\_\_\_

+++++

**FINANCIAL INFORMATION**

**\$ 100.00 WEEK, \$ 400.00 MONTH ~ TOTAL COST FOR SUMMER CAMP \$ 600.00**

**MONDAY THRU FRIDAY 9:00 A.M. - 4:00 P.M.**

**July 2 thru August 17, 2012**

**(MORNING CARE (\$ 125.00) AND AFTER (\$ 150.00) ARE NOT INCLUDED)**

**\$ 175.00 MONTH - BOTH**

**REGISTRATION FEE \$ 50.00**

**APPLICATION FEE \$ 50.00**

+++++

**(OFFICE USE ONLY)**

Date received \_\_\_\_\_ 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

**Summer Camp**  
Application For Enrollment

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