



ZION'S CHRISTIAN ACADEMY
AN ALL YEAR AROUND
ELEMENTARY SCHOOL

1717

Broening Highway Baltimore, Md. 21224
Natalie Thomas, B.S., Principal

Enrollment Application For Summer Camp Mon.-Fri. @ 8a.m.-5p.m. 20__ 20__

Applicant Information

Child Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Start Date: Date of Birth.: Tuition Fee: \$ 180.00 weekly

Child's Age: Grade: Male Female

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you a member of Zion? YES NO If No, where?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Custodial Parent Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

Parent(s)/Guardian & Grandparent

Work No: Home No: Email:

Full Name: _____ Relationship: _____
Company: _____ Cell No: _____
Address: _____

Work No

Full Name: _____ Relationship: _____
Company: _____ Cell No: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Church and School Information

Mom
Church: _____ Phone: _____
Address: _____ Pastor: _____

Religion: _____ Attend regularly **Yes** **No** Baptized **Yes** **No**

Last School _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your pastor for a reference? YES NO

Dad
Church: _____ Phone: _____
Address: _____ Pastor: _____

Religion: _____ Attend regularly: **Yes** **No** Baptized: **Yes** **No**

Last School: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your pastor for a reference? YES NO

Guardian
Church: _____ Phone: _____
Address: _____ Pastor: _____

Religion: _____ Attend regularly: Yes No Baptized: Yes No

Last School: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your pastor for a reference? YES NO

Office Use Only

Date received: _____ Age: _____ Fee: **\$ 180.00**
Wkly \$ 70.00
Fee: **B/A-Voucher**

Appl. & Regis. Fee: _____ Records requested: Yes No **Vouchers Yes No**

Birth Certificate/Adoption Verification Records Received: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my child's de-enrollment. I further acknowledge that Z.C.A., is an all year around elementary school and my child will attend school from September to the 4th Friday in August.*

Signature: _____ Date: _____

VOUCHERS DO NOT PAY FOR TUITION.