



REGISTRATION FORM

Preschool Summer Camp 2019



MOUNT ZION WEEKDAY PRESCHOOL
1525 Scenic Highway, Snellville, Georgia 30078
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Office: 770-972-5014 Fax: 770-972-7310

Mount Zion Weekday Preschool presents **Preschool Summer Camp!** You have two weeks to choose from and can attend one week (\$100) or both weeks (\$200). Each week will have a fun theme. The camp will be from 9:30am to 1:30pm Monday through Friday, and parents will provide lunch each day. A pizza lunch is provided on Friday or parents may choose to send lunch with students on Friday as well. **Space is limited!** To secure your spot, you must pay a \$25 non-refundable registration fee at the time of registration and **tuition must be paid in full by May 10th**. No refunds will be given due to absences. **All campers must be at least two years old prior to camp.** Current MZP families will use your current carpool tag & we will run carpool just like we do during the school year. Students will be given a special theme related name tag for camp just like they receive for school. Check your email for when camp name tags and t-shirts will be available for pick up. Any families new to MZP will need to attend a camp meeting prior to camp. We will notify you of the meeting date by email. We will begin carpool at 9:25 am each morning and will conclude carpool at 1:25 pm in the afternoon. Late pick up fees will apply.

Please feel free to call our Weekday Preschool Office if you have any questions or if we can help you in any way!

-Katie Wetherington
MZP Director

Which week(s) of camp are you registering for: (Circle one or both)

June 24-28 Outdoor Adventures And/Or July 22-26 Treasure Island

Class you are registering for... (Use 2018.2019 School year age by 9/1/2018)

Ones____ Twos____ Threes____ Fours____

T-Shirt Size- (Circle One) 2T 3T 4T 5/6 YXS YS

Please print clearly

Child's Name _____ Birthdate _____

What name does your child go by? _____ Gender: Male___ Female___

Address _____

City _____ State _____ Zip _____ E-mail _____

Home Phone # _____

Father's Name _____ Dad's Cell # _____

Dad's Work # _____ Occupation _____

Mother's Name _____ Mom's Cell # _____

Mom's Work # _____ Occupation _____

Does child live with both parents? Yes/No If no, list with whom the child lives and who is allowed by law to pick student up from school or visit with student during school hours.

PARENT AGREEMENT

- 1. Yes/No **MZP Summer Camp will adhere to all Mount Zion Weekday Preschool policies and procedures.** I agree to read the Parent Handbook and abide by all of the policies set forth by Mount Zion Weekday Preschool. (To access the parent handbook, go to www.mountzionsnellville.com and click on the Weekday Preschool tab. The handbook is located in the Parent Portal and is password protected. The parent portal password can be obtained by contacting the Weekday Preschool office or a hard copy can be made available upon request.)

- 2. Yes/No I give permission for my child’s individual photo, classroom photos, and school activity photos to be used for school display and for keepsakes and mementos.

- 3. Yes/No I give permission for my child’s photos to be posted to the Mount Zion Facebook page and/or website. This includes closed class group pages for parent viewing.

- 4. Yes/No I give permission for my child to have pizza for lunch on Friday of camp. Lunch will include cheese pizza, Oreos, fruit snacks & bottled water.

Parent’s Signature _____ Date _____

Child’s Name _____

EMERGENCY INFORMATION

Does your child have any allergies? YES/ NO	If so, does the allergy require an epipen? YES/ NO
List allergies: _____	

* Please note Preschool Summer Camp is NOT a peanut/tree nut free camp.	

Please list below two responsible adults who we may contact if we are unable to contact parents. *This is vital information, please write legibly.*

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Doctor _____ Phone _____

List and explain any medical problems (Example: food/environmental allergies, asthma, etc.)

List any medications your child takes on a regular basis _____

Hospital Preference (if able to request) _____

List any people that have permission to pick up your student in your absence:

In the event of an emergency Mount Zion Baptist Church, Weekday Preschool employees and/or agents will make every effort to contact me. However, should I be unavailable, I do hereby grant permission for Mount Zion Baptist Church, Weekday Preschool employees and/or agents to obtain emergency medical attention in case of sickness or injury to my child, _____ . I hereby grant permission to said church, preschool employees and/or agents to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary. In consideration for you allowing my child to participate in the Mount Zion Weekday Preschool: I hereby release, absolve, indemnify, hold harmless, and forever discharge Mount Zion Baptist Church, Mount Zion Weekday Preschool, its employees, agents, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child as a result of emergency medical decisions made, in good faith, by Mount Zion Baptist Church, Mount Zion Weekday Preschool, its employees, agents, or any supervisors appointed by them.

Parent's Signature

Date

I understand that Mount Zion is a private, non-profit program, is not licensed and is not required to be licensed by Bright from the Start/Georgia Department of Early Care and Learning.

Parent's Signature

Date

I understand my camp fee must be paid in full by May 10th, 2019. If my camp fee is not paid in full by May 10, 2019, I understand my spot will be forfeited and registration will not be refunded.

Parent's Signature

Date

If you are a current MZP student, you do not need to complete the remainder of the application. If you are new to Mount Zion Weekday Preschool, please fill out the below information.

Did your child attend a school last year? Yes _____ No _____

If yes, where? _____

Names and ages of other children in your home: _____

Any evidence of hearing loss, vision difficulties, speech delays or developmental delays?

Yes _____ No _____ If yes, please explain _____

Does your child receive any resource services or intervention including physical, occupational or speech therapy?
Yes____ No____ If yes, please explain _____

What primary language does your child speak? English? _____ Spanish _____ Other _____
If other, what is the primary language spoken in the home? _____

Is there anything about your child or family/home situation you feel we need to know, so we may better meet the needs of your child? _____

Does your family attend church regularly: Yes/No Name of Church _____

Three and four year-old classes only

I understand it is the policy of Mount Zion Weekday Preschool that all children in three and four year-old classes must be potty-trained to enroll in Summer Camp.

Parent's Signature _____

Date _____

How did you hear about MZP Summer Camp? _____

----- **DO NOT WRITE BELOW THIS LINE** -----

Student Name: _____

Date Registration form received: _____

Registration fee received: \$ _____ Cash _____ Check# _____ Card _____

Age _____

Camp Weeks Selected:

June 24-28 And/Or July 22-26

Siblings attending: Name _____ Age _____ Class _____

Name _____ Age _____ Class _____

Wait List Class (if applicable) _____

Date _____ Time _____