



# MOUNT ZION KINDERGARTEN APPLICATION 2021-2022

1525 Scenic Highway, Snellville, Georgia 30078

[mzpreschool@mountzionsnellville.com](mailto:mzpreschool@mountzionsnellville.com)

Office: 770-972-5014 Fax: 770-972-7310

**Please print clearly**

Completing this application does not guarantee a spot for your child in the Mount Zion Kindergarten program. This application expresses your interest in the program and gives Mount Zion Kindergarten permission to test your child to see if he/she would be a good fit for our Kindergarten class. After this application has been received with the application and testing fee, Mount Zion will reach out to you to schedule your student's testing.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

What name does your child go by? \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

T-Shirt Size: 2T \_\_\_ 3T \_\_\_ 4T \_\_\_ 5/6 \_\_\_ Youth Small \_\_\_ Youth Medium \_\_\_ Youth Large \_\_\_

<b>Does your child have any allergies? Yes/No</b>	<b>Does the allergy require an epipen? Yes/No</b>
<b>List Allergies</b> _____	_____

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Dad's Cell # \_\_\_\_\_

Dad's Work # \_\_\_\_\_ Occupation \_\_\_\_\_

Dad's Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mom's Cell # \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Occupation \_\_\_\_\_

Mom's Email \_\_\_\_\_

Does child live with both parents? Yes/No If no, list with whom the child lives and describe custody agreement regarding either parent visiting classes or taking the child from school:

\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

In what ways do you expect our program to help your child?

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

I am enclosing the required application and testing fee of \$100 (\$50 for current MZP four year old and Transition students) and *I understand the application, testing, and registration fees are non-refundable and is not applied to tuition. I also understand that applying and testing does not guarantee my spot in the Mount Zion Kindergarten program.* Upon acceptance, I agree to pay the registration fee within 30 days of my acceptance in the amount of \$795 which includes registration, curriculum, and activity fees. I also agree to pay the monthly tuition payment of \$395 by the tenth of each month (nine equal payments-August through April) and an additional \$15.00 if paid after the tenth of the month. *I understand the August tuition payment confirms and guarantees my child's registration for the beginning of school. Without receipt of this payment, Mount Zion Kindergarten has the right to relinquish my child's spot to another applicant.* I understand that if I must withdraw my child from the program, one month's notice is required, and I will be responsible for paying one full month's tuition for any portion of a month in which my child attends. I understand if I am late picking up my child, I will be charged a late fee. I understand if my check is returned from the bank, I will be responsible for paying bank charges as well as a \$25.00 fee. If a second check is returned, all future payments must be made in cash, money order or credit card. I also understand that nonpayment of tuition for 30 days past due the scheduled due date, will result in the relinquishment of my child's placement at Mount Zion Preschool and Kindergarten. Tuition must be paid in full for the school year in order to participate in end of the year programs. **Mount Zion Preschool and Kindergarten follows the Gwinnett County Public School calendar and does not makeup days due to inclement weather. Mount Zion Preschool and Kindergarten start date for the 2021-2022 school year is August 30, 2021 and the last day of school will be May 20, 2022.** *In addition to checks, cash, and money orders, Mount Zion Preschool and Kindergarten offers online payments and Square Payments for credit cards. Processing fees for the credit card programs apply.*

Parent's Signature

Date

Email address invoice should be sent to:

**\*Kindergarten mask/face shield agreement\***

I understand that students are not required to wear a mask or face shield to school. Our teachers and staff will work with your student to wear his/her mask or face shield properly and as requested.

**Yes/ No** My child will wear a mask or face shield to school.

If yes, please complete the following:

**Yes/ No** I would like my child to be remove his/her mask or face shield for pictures (individual and class).

**Yes/No** I would like my child to remove his/her mask or face shield when playing outside on the playground.

**Yes/No** I would like for my child's teachers to wear a mask when working one on one for art or table time and are unable to be socially distanced from my child.

Parent's Signature

Date

**PARENT AGREEMENT**

- 1. Yes/No I agree to read the Parent Handbook and abide by all of the policies set forth by Mount Zion Weekday Preschool and Kindergarten. (To access the parent handbook, go to [www.mountzionsnellville.com](http://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.
- 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, Instagram page, and/or website for parent viewing. This includes closed class group pages for parent viewing.
- 4. Yes/No Fall/Spring School Photos: I agree for my child’s photo to be posted to a private school wide gallery for viewing photo proofs. (If you do not check yes, your child’s photo will not be taken for fall or spring pictures.)
- 5. Yes/No I give permission for my child’s name, address, telephone number and family email address to be distributed to other parents in my child’s class and given to room moms to coordinate class parties.

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Child’s Name \_\_\_\_\_

**EMERGENCY INFORMATION**

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 and Kindergarten 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 and Kindergarten 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, school 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 and Kindergarten: I hereby release, absolve, indemnify, hold harmless, and forever discharge Mount Zion Baptist Church, Mount Zion Weekday Preschool and Kindergarten, 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 and Kindergarten, 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

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

Date Application Received: \_\_\_\_\_ Entrance date: \_\_\_\_\_

Testing Fee received: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Card \_\_\_\_\_

Testing Scheduled for: \_\_\_\_\_ Accepted \_\_\_\_\_ Denied \_\_\_\_\_

Acceptance notice sent on: \_\_\_\_\_

Registration fee to be paid by : \_\_\_\_\_

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

2<sup>nd</sup> Registration Payment (if needed): \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Card \_\_\_\_\_

Siblings attending: Name \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_

Wait List Class (if applicable) \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Withdrawal date: \_\_\_\_\_

Signed Covid Waiver Complete \_\_\_\_\_

Emergency Card Complete \_\_\_\_\_