



REGISTRATION FORM- Bible Camp & Summer Camp 2025
NEW Families!

1525 Scenic Highway, Snellville, Georgia 30078

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

Please print clearly

Child's Name _____ Birthdate _____

What name does your child go by? _____ Gender: Male ___ Female ___

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

List allergies: _____

Other dietary restrictions: _____

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

T-Shirt Size: 2T 3T 4T 5/6 Youth S Youth M Youth L

I would like my child to attend Bible Camp and/or Summer Camp on (circle all that apply):

June 2-6 9:00 a.m.-12:30 p.m.

July 21-25 9:00 a.m.-12:30 p.m.

My child can have pizza lunch on Friday of camp: YES NO

In the event of an emergency Mount Zion Baptist Church, Weekday Preschool & 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 & 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, 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 & Kindergarten: I hereby release, absolve, indemnify, hold harmless, and forever discharge Mount Zion Baptist Church, Mount Zion Weekday Preschool & 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 & Kindergarten, its employees, agents, or any supervisors appointed by them.

Parent's Signature

Date

I understand that Mount Zion Weekday Preschool & Kindergarten is a private, non-profit program, is not licensed and is not required to be licensed or hold an exemption 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 Friday, April 25, 2025. If my camp fee is not paid in full by this date, I understand my spot will be forfeited and registration will not be refunded.

Parent's Signature

Date

PARENT AGREEMENT

1. Yes/No **Summer Camp will adhere to all Mount Zion Weekday 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.mzweekday.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 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.

Parent's Signature _____ Date _____

Child's Name _____

If you are new to Mount Zion Weekday Preschool & Kindergarten, please fill out the below information.

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 _____

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

If yes, where? _____

Names and ages of other children in your home: _____

Does your child have any evidence or been evaluated for 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 _____

Can your child respond to his / her name? _____ yes _____ no

Can your child follow one step directions? _____ yes _____ no

What primary language does your child speak? English? _____ Spanish _____ Other _____

If other, what is the primary language spoken in the home? _____

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.

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 understand it is the policy of Mount Zion Weekday Preschool & Kindergarten that all children in 3 and 4 year old summer camp classes must be potty-trained to enroll in Summer Camp.

Parent's Signature _____

Date _____

How did you hear about Summer Camp? _____

EMERGENCY INFORMATION

Please list below two 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:

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

Student Name: _____

Date Registration form received: _____

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

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

Age _____ Week(s) attending: June 2-6 July 21-25

Siblings attending: Name _____ Age _____ Class _____
Name _____ Age _____ Class _____

Wait List Class (if applicable) _____
Date _____ Time _____

