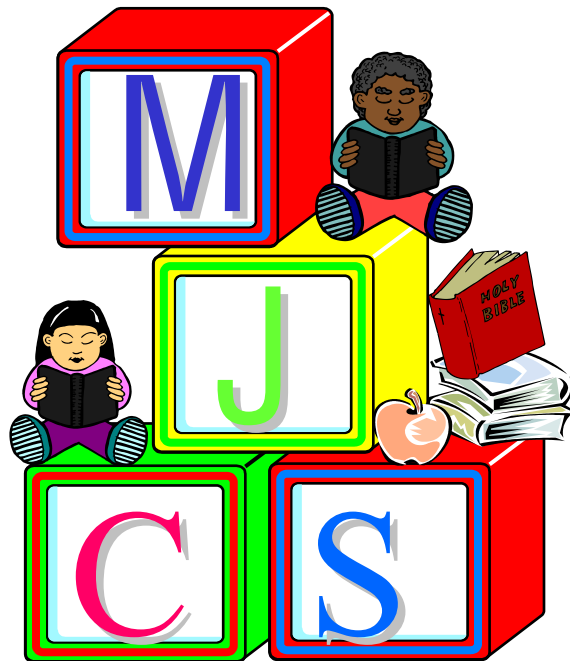


APPLICATION FOR ADMISSION

MOUNT JEZREEL CHURCH CHRISTIAN SCHOOL

"Building a foundation for academic and spiritual excellence!"

"SUMMER ENRICHMENT CAMP"



Mount Jezreel Christian School

Rev. Dr. Jamison Hunter, Senior Pastor

For Additional Information, please contact: Sister Menia Pearson or Sister Tracey Holoman
420 University Boulevard East ● Silver Spring, MD 20901
Phone: (301) 431-1985 ● Church Phone: (301) 431-2800 ● Fax: (301) 431-1595
Email: menia_pearson@verizon.net

(Please type or print.)

Check grade applying for: Preschool 2's & 3's Pre-Kindergarten Kindergarten

Student's Full Name (as it should appear on school records) Last, First, Middle	
Commonly used first name:	Gender (M/F)
Social Security Number	Date of Birth (MM/DD/YYYY)
- -	
Current School (name, address, telephone number to include area code)	Grade
Student lives with (check any that apply) <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Sibling (s) How many _____ What ages _____ <input type="checkbox"/> Other _____	Please check any that apply: <input type="checkbox"/> Student adopted <input type="checkbox"/> Single parent household <input type="checkbox"/> Parents Divorced/Separated <input type="checkbox"/> Joint Custody <input type="checkbox"/> Mother has custody <input type="checkbox"/> Father has custody
FAMILY INFORMATION	
Parent's Full Name (Father)	Parent's Full Name (Mother)
Home Address:	Home Address:
Social Security Number: - -	Social Security Number: - -
Phone Number:	Phone Number:
Cell Number:	Cell Number:
Nature of Work:	Nature of Work:
Employer:	Employer:
Business Telephone (include area code)	Business Telephone (include area code)
E-Mail Address:	E-Mail Address:
Church Affiliation:	Church Affiliation:

Applicant's Sibling #1 Profile	
Name of Sibling	Date of Birth (MM/DD/YYYY)
School Attending	Grade
Applicant's Sibling #2 Profile	
Name of Sibling	Date of Birth (MM/DD/YYYY)
School Attending	Grade

If more than ONE sibling, please list on a separate sheet of paper.

EMERGENCY CONTACT INFORMATION		
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

Parents will be the initial contact. The emergency contact will be called if parents cannot be located.

PERSONAL PROFILE:
<p>Parents Please Note: This information is requested solely to assist school personnel in the enhanced development of each individual student.</p> <p>Does the applicant have any physical, emotional, social impairments or allergies that can in any way affect participation in the full range of school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes" please provide details:</p>
STATISTICAL INFORMATION
<p>How did you learn about Mount Jezreel Christian School Summer Enrichment Camp?</p>
<p>Does student currently participate in art, athletics, dance, drama, music and any other special interest activity: Y / N</p> <p>If "Yes" please provide details:</p>

MEDIA Image and Name Use Waiver

Mount Jezreel Christian School Summer Enrichment Camp is establishing a website and has the use of a digital video camera. At any given time, photos of class trips, school activities, assemblies, etc. will be taken. Parents and guardians are asked to accept and sign the media image and name use waiver below.

I, _____ *[Print Parent's Name]*, Parent/Guardian of
_____ *[Print Student's Name]*, give my permission for Mount Jezreel Christian School Summer Enrichment Camp to use my child's image (photographic) in print media representations as well as on the Mount Jezreel Christian School Summer Enrichment Camp internet web site. By granting this permission I expect only the image of my child to be utilized. Further, it is my understanding that at no time MJCS SEC will publish any name, student's phone number, street, mailing address, or E-mail address.

Parent/Guardian's Signature

Date

CAMP FEES

Please read carefully:

- A \$140.00 non-refundable Registration fee must accompany each application. (The non-refundable registration will be used as the first weeks Tuition payment.)
- Please send the entire application with the appropriate fee.
- By signing this application, I (we) agree to support and abide by all Mount Jezreel Christian School Summer Enrichment Camp regulations.
- For additional information, please call (301) 431-1985, or Email: menia_pearson@verizon.net

Camp Fee of \$140.00 must be received at the beginning of each week. Payments can be made by using cash or money order only. Money Orders should be payable to Mount Jezreel Baptist Church with a reference to Christian School Summer Enrichment Camp. **FAILURE TO MAKE TIMELY PAYMENTS WILL RESULT IN YOUR CHILD’S DISMISSAL FROM THE CAMP.**

Additional Fees:

Field TripsTBD

Before and After Care: (Includes academic enrichment, free-choice as well as planned activities and snack)

Weekly and Daily Rates:

Before Care: \$15.00 per week, \$3.00 per day

After Care: \$30.00 per week, \$6.00 per day

Before and After Care: \$45.00 per week, \$9.00 per day

Before and After Care payments are separate from the Camp Fee, payments can be made by using cash or money order only. Money Orders should be payable to Mount Jezreel Baptist Church with a reference to Christian School Before and After Care. **FAILURE TO MAKE TIMELY PAYMENTS WILL RESULT IN YOUR CHILD’S DISMISSAL FROM THE BEFORE AND AFTER CARE PROGRAM.**

COMMITMENT

Name of person assuming financial responsibility for applicant: _____

Correspondence regarding application should be address to: _____

Address: _____

Telephone: _____

Name of Student: _____

Date: _____

I acknowledge that by submitting this application for admission of my child in the Mount Jezreel Christian School Summer Enrichment Camp, and paying the \$140.00 non-refundable application fee I make the following commitments:

1. I agree to comply with the rules, regulation, and discipline policy of the Mount Jezreel Christian School Summer Enrichment Camp.
2. I understand that behavior that is inappropriate/unacceptable will not be permitted and may result in a student's suspension or expulsion from the Camp.
3. In case he/she is ill or shows sign of infection or communicable diseases, I will not bring my child to the School, but will arrange for his/her care elsewhere.
4. In signing this application for my child it is my desire to have him/her attend the full 7-week program. I give permission for my child to take part in all camp activities, including sports and camp sponsored trips away from the camp premises, and absolve the camp from liability to me or my child because of any injury to my child at camp or during any camp activity. In case of accident or serious illness, I request the camp personnel to contact me. If Mount Jezreel Christian School Summer Enrichment Camp is unable to locate me or my emergency contact when circumstances indicate immediate action is required, the camp may make whatever arrangements are required in its judgment. Any expenses for this care will not be charged to the Mount Jezreel Christian School Summer Enrichment Camp.
5. I will provide the required medical/dental insurance coverage for my child(ren) for accidents and injuries that may occur at camp and during camp related activities.
6. I pledge to meet my financial obligations when due. I will notify the business office immediately if for any reason my scheduled payment is delayed. I will abide by the financial policies of the camp. I understand that failure to comply with financial commitments will result in the immediate expulsion of my child from the camp.
7. I will abide by the Rules regarding attendance and punctuality.
8. I understand that weekly scheduled fee and related fees must be paid before my child may continue in camp for the following week. Camp records etc. will not be released if required payments have not been met.

I fully understand this commitment that I have agreed to with Mount Jezreel Christian School Summer Enrichment Camp. It is my intent to comply with the objectives and principles of Mount Jezreel Christian School Summer Enrichment Camp. Only the person responsible for and making payments of students' camp fees must sign this form.

Mother or Guardian's Signature

Date

Father or Guardian's Signature

Date

BEFORE AND AFTER CARE PROGRAM CONTRACT

Payment for the Before and After Care Program is **not** included in the weekly tuition.

The Before and After Care Program fee is due at the beginning of each month. The hours of Before Care are 7:00 a.m. to 8:30 a.m. and After Care hours are from 3:00 p.m. to 6:00 p.m. Students remaining after 6:00 p.m. will be assessed an After Care extension fee of \$1.00 per minute. This fee will compensate the staff worker who provides the excess care; therefore, you must pay the child care provider in **CASH** at the time you pick up your child(ren). Parents who refuse to pay the late fees for Aftercare service will automatically revoke the right use Aftercare Services at the Mount Jezreel Christian School.

If you have any questions or need additional information, please feel free to contact the Christian School at (301) 431-1985.

Child's Name

Grade

Please check one box indicating the Program in which you are applying. I wish to enroll my child in the Before/After Care Program. The fee is to be paid at the beginning of each month. The rates apply to all students. The Before and After Care Program Fee will include academic enrichment, free-choice as well as planned activities and snack.

- Before Care, \$15.00 per week**
- After Care, \$30.00 per week**
- Before and After Care, \$45.00 per week**
- I do not wish to purchase Before/After Care for my child.**

Parent's Signature

Date

I understand I must notify the school *one month in advance* for any changes in this enrollment. No refunds.