



"A foundation for academic excellence!"

Summer Camp Application

June 21, 2022 – July 29, 2022

Reverend Jamison Hunter, Senior Pastor
Reverend Eldridge Spearman, Pastor Emeritus

For additional information, please contact: Mrs. Menia Pearson or Dr. Tracey Holoman
420 University Boulevard East ♦ Silver Spring, MD 20901
School Phone: (301) 431-1985 ♦ Church Phone: (301) 431-2800 ♦ Fax: (301) 431-1595
Email: mountjezreelchrist@gmail.com Website: www.mjbccs.org

(Please type or print.)

Check grade applying for: Pre-School 2's & 3's Pre-Kindergarten Kindergarten
 First Grade Second Grade Third Grade Fourth Grade Fifth Grade Sixth Grade

STUDENT INFORMATION	
Present Height: _____ Present Weight: _____ (ATTACH PHOTO)	
Primary language, if other than English: _____	
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	
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:

Parents Please Note: This information is requested solely to assist school personnel in the enhanced development of each individual student.

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? Yes No

If "Yes" please provide details:

STATISTICAL INFORMATION

How did you learn about Mount Jezreel Christian School?

Does student currently participate in art, athletics, dance, drama, music and any other special interest activity: Y / N

If "Yes" please provide details:

MEDIA Image and Name Use Waiver

Mount Jezreel Christian School has 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 to use my child's image
(photographic) in print media representations as well as on the Mount Jezreel Christian
School 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 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 \$150.00 non-refundable Registration fee must accompany each application. (The non-refundable registration will be used as the first week's payment.)
- Please send the completed application with the appropriate fee.
- By signing this application, I (we) agree to support and abide by all Mount Jezreel Christian School Summer Camp regulations.
- For additional information, please call (301) 431-1985, or Email: menia_pearson@verizon.net

Camp Fee payments must be received at the beginning of each week. Payments can be made at our church website www.mtjezreel.com using Giving and setting up account under Christian School or submitting cash, check or money orders to the school office. Checks or Money Orders should be payable to Mount Jezreel Baptist Church with reference to the Christian School Summer Camp. **FAILURE TO MAKE TIMELY PAYMENTS WILL RESULT IN YOUR CHILD'S DISMISSAL FROM THE CAMP.**

Additional Fees:

Field Trips Cost TBD

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

Before and After Care: \$50.00 per week, \$10.00 per day

Weekly and Daily Rates:

Before Care: \$20.00 per week, \$4.00 per day

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

Before and After Care payments are separate from the weekly Camp Fee, payments can be made using cash, money order, or online. Parents who arrive late to pick up children will be charged \$1.00 per minute late fee. All late fees should go directly to the person or persons on duty.

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 Camp, and paying the \$150.00 non-refundable application fee I make the following commitments:

1. I agree to comply with the rules and regulations of the Mount Jezreel Christian School.
2. I agree to comply with the General Summer Camp Rules and Disciplinary Actions set by the MJCS.
3. I understand that behavior that is inappropriate/unacceptable will not be permitted and may result in a student's suspension or expulsion from the school.
4. 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.
5. In signing this application for my child, it is my desire to have him/her attend the 2022 Summer Camp. 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 school from liability to me or my child because of any injury to my child at school or during any school activity. In case of accident or serious illness, I request the school to contact me. If Mount Jezreel Christian School is unable to locate me or my emergency contact when circumstances indicate immediate action is required, the school may make whatever arrangements are required in its judgment. Any expenses for this care will not be charged to the Mount Jezreel Christian School.
5. I will provide the required medical/dental insurance coverage for my child(ren) for accidents and injuries that may occur at school and during school related activities.
6. I pledge to meet my financial obligations when due. I will notify the business office immediately if for any reason my camp payment is delayed. I will abide by the financial policies of the school. I understand that failure to comply with financial commitments will result in the expulsion of my child from the school.
7. I will abide by the Rules regarding attendance and punctuality.
8. I understand that the weekly camp for each week must be paid before my child may continue in summer camp for the next week.
9. I will volunteer at least (two) days at the camp to volunteer or chaperone.

I fully understand this commitment that I have agreed to with Mount Jezreel Christian School. It is my intent to comply with the objectives and principles of Mount Jezreel Christian School. Only the person responsible for and making payments of students' tuition 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 monthly 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 3:15 p.m. to 4:30 p.m. Students remaining after 6:00 p.m. will be assessed an After-Care extension fee of \$1.00 per minute. If you are late over three times, the per minute fee increases to \$5.00 per minute. The late fee is paid to compensate the staff worker who provides the excess care; therefore, you must pay the childcare provider in **CASH** at the time you pick up your child(ren). **Please note that consistent late arrival and refusal to pay the late fee will result in the denial of After Care services.**

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

_____ Child's Name	_____ Grade
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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 Homework Center, Snack, and Scheduled Activities.

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