

ZION TEMPLE CHRISTIAN ACADEMY
APPLICATION FOR (S.A.P) SUMMER ACTIVITY PROGRAM 2015
TEACHER INFORMATION SHEET

Name

Home Phone _____

Mom's cell _____

Dad's cell _____

Street Address

Zip

AGE _____ D.O.B. _____ Place of Birth _____ SEX _____

Child's M.D. _____ Dr.'s Phone # _____

List any physical difficulties: _____

Circle grades previously attended
at this school: None K3 K4
K5 1st 2nd 3rd 4th 5th 6th

Names & grades of other children in this program:

1. _____

2. _____

3. _____

Last School attended: _____

Do you wish to receive literature and/or a call from our Pastor about our church? YES OR NO

Father:

Employer:

Phone#

Email Address: _____

Mother:

Employer:

Phone#

Email Address: _____

If parents are separated, with whom does the child reside? _____

(List everyone allowed to pick up your child(ren).

EMERGENCY CONTACTS AND PHONE NUMBERS

Name	Phone Number	Name	Phone Number

To assist us in our scheduling, please indicate the time you will drop-off your child in the morning and the time you will be picking your child up in the afternoon.

Morning Drop-Off: _____ Afternoon/Evening Pick-up: _____

Parent's Signature

Date

Rev. 3/02/11

Dear Parent:

In order to keep Zion Temple **Summer Activity Program** afloat, all bills must be promptly paid. Please sign and return this Promissory Agreement below with your application.

Promissory Agreement

My child/children will be attending the ZTCA Summer Program and I agree to make regular Weekly payments of \$_____ payable to: Zion **Temple Christian Academy Summer Activity Program**, for my child/children beginning _____ 2015 thru _____, 2015.

1. _____
Child's Name
2. _____
Child's Name
3. _____
Child's Name

(Child's name, parent signature and date are required for the following. Please do not add or take away from any of these statements.

DISCIPLINE STATEMENT

I agree to authorize the Administrator, the assigned instructors of the Zion Temple Summer Activity Program to exercise authority as to control behavior and discipline over _____ while at school or during any S.A.P activity outside school as the Administrator or Instructor deem necessary.

Parent Signature

Date

STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him/her complete the Summer Activity Program for the year 2015. It is also my understanding that the policy of the SAP is to make **no refunds on registration fees**. I also give permission for my child to take part in all SAP activities; including sports and SAP sponsored field trips away from the school premises, absolving the SAP from liability to me or my child because of any injury to my child at school or during any Summer Program activity.

Parent Signature

Date

FOR PARENT INFORMATION – JUNE 1ST – AUGUST 7TH 2015

REGISTRATION FEE (Non-Refundable)

\$50.00 - Kindergarten thru 5TH Grade

\$50.00 - Age 3 thru Preschool

* * * * *

Full 10 week program students have priority enrollment

Kindergarten thru 6th Grade

Ten (10) Week Activity Program – COST CHART

No of Children	4 to 5 Days Per Week
1 Child	\$103.43
2 Children	\$159.86
3 Children	\$227.12

PLEASE NOTE: All Payments are accepted on a weekly basis only and should be paid on Monday of each week. Children will not be permitted to class if not paid on due date. Parents are responsible for weekly payments with no discount. Each week must be paid up prior to the week returning.

All ten weeks are payable, absent or present.

Age 3 thru Preschool Graduate

Ten (10) Week Activity Program – COST CHART

Preschool (No Adjustment Rate with Family Members)

Children who are 2 years of age and will be age 3 by September 30, 2015 are accepted in this program.

Children who are 3 years of age and will be age 4 by September 30, 2015 are accepted in this program.

No of Children	3 to 5 Days Per Week
1	\$113.56

TEN WEEK PAYMENT DATES

JUNE 01, 2014

JUNE 08, 2014

JUNE 15, 2014

JUNE 22, 2014

JUNE 29, 2014

JULY 06, 2014

JULY 13, 2014

JULY 20, 2014

JULY 27, 2014

AUGUST 03, 2014

THERE WILL BE A \$37.00 CHARGE FOR ALL RETURNED CHECKS.

PAYMENTS MUST BE SETTLED BEFORE THE NEXT WEEKLY PAYMENT IS DUE.

ZION TEMPLE CHRISTIAN ACADEMY

3771 Reading Road – Cincinnati, Ohio 45229
(513) 861-5551 - Fax: (513) 861-1563

District Elder Charles L. Smith, Pastor/Principal
Rodney D. Napier, Assistant Principal
Mary E. Jackson, Director

“Train up a child in the way he should go; and when he is old, he will not depart from it.”
Proverbs 22:6

Summer Camp Photo Release Form

Dear Parents/Guardians:

During the course of the school year there are times when pictures or videos of your child may be taken, or when he or she may be interviewed while at school, to showcase an event or to detail a project of his or her grade. These pictures, videos, and interviews may be used for internal and external audiences. These materials include but not limited to advertisements, brochures, news releases newspapers, newsletters, yearbook, web sites, and television.

Please complete the form below and return it with your packet or to your child's teacher. We appreciate your cooperation.

Sincerely,

Administration
Zion Temple Christian Academy

_____ ***I will only take pictures of my child(ren) and post on social media websites (e.g. Facebook and Twitter). I will not post pictures of other children without their parents' permission.***

_____ I give my permission for my child to be photographed, videotaped, or interviewed for all school purposes, including the Zion Temple Christian Academy web site.

_____ I do not give my permission for any photographs, videotapes, or interviews of my child to be published or used for any purpose.

Child's Name: _____

Grade: _____

Parent Signature: _____

Date: _____