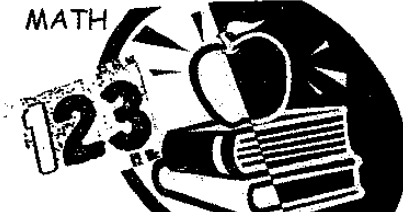


**MOUNT ZION CHRISTIAN ACADEMY
SUMMER ENRICHMENT/SUMMER CAMP PROGRAM**

ACTIVITIES:
SWIMMING
SKATING
ARTS & CRAFT
MOVIES
GAMES
WEEKLY TRIPS



ENRICHMENT AREAS:
READING/COMPREHENSION
MATH



REGISTRATION FEE: \$50 (NON-REFUNDABLE)
AGES 5-12 YEARS

1 STUDENT: \$125 PER WEEK
EACH ADDITIONAL CHILD: \$105 PER WEEK

FREE BREAKFAST & LUNCH

FOR MORE INFORMATION CALL (919) 688-4245 EXT. 285 OR 243



"A STANDARD TO KEEP AND A GOD TO GLORIFY"

Registration Form

CAMPER'S NAME _____

ADDRESS _____

SCHOOL ATTENDING IN FALL _____ AGE _____

BIRTHDATE _____ GRADE: _____

PARENT/GUARDIAN (S) _____

HOME PHONE (_____) _____ - _____ WORK PHONE (_____) _____ - _____

Emergency Contact

NAME _____ PHONE NO. (_____) _____ - _____

Please place a check beside each week the camper will be attending:

_____ Week 1 June 1-5	_____ Week 2 June 8-12	_____ Week 3 June 15-19	_____ Week 4 June 22-26
_____ Week 5 June 29- July 1 (prorated week)	_____ Week 6 July 6-10	_____ Week 7 July 13-17	_____ Week 8 July 20-24
_____ Week 9 July 27-31	_____ Week 10 Aug. 3-7		

To Parents/Guardians

THIS APPLICATION MUST HAVE YOUR SIGNATURE BEFORE CAMPER CAN BE ACCEPTED.

I ACKNOWLEDGE EVERY EFFORT WILL BE MADE TO CONTACT PARENTS/GUARDIANS IN THE CASE OF A MEDICAL EMERGENCY. IF I CANNOT BE REACHED, I AUTHORIZE THE STAFF TO SEEK APPROPRIATE MEDICAL CARE FOR THE ABOVE CAMPER.

I UNDERSTAND THAT ONLY MEDICATIONS THAT ARE MEDICALLY NECESSARY AND CANNOT BE SCHEDULED OUTSIDE OF THE HOURS OF THE DAILY PROGRAM WILL BE GIVEN DURING THE PROGRAM.

I GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED IN VEHICLES PROVIDED BY THE MZCA SUMMER CAMP.

PICTURES OR VIDEOS MAY BE TAKEN OF MY CHILD WHILE PARTICIPATING IN ACTIVITIES AND MAY BE USED FOR PROGRAM PUBLICITY.

SIGNATURE OF PARENT OR GUARDIAN

DATE ____ / ____ / ____

**Mount Zion Christian Academy's
Summer Enrichment Camp
Parent Enrollment Agreement**

Thank you for choosing MZCA Summer Camp! We look forward to having healthy and happy relationships with our families. The following policies and procedures are to ensure the smooth operation of our program.

Comings and Goings

1. Parents/Guardians are welcome to visit at anytime.
2. Camp will be open from 7 am to 6 pm Monday-Friday.
3. Parents/Guardians are to accompany children into the building and sign them in and out daily.
4. Children will only be released to parents and those listed as emergency contacts. Your child will not be released to anyone else without written authorization.

Medical Policy

1. Parents/Guardians are to pick up their sick child immediately upon notification. Any contagious disease requires a physician's note indicating that the child is no longer contagious for admittance into the camp.
2. In the event of an emergency, MZCA Summer Camp seeks parent/guardian permission to administer First Aid or to obtain emergency medical treatment in the child's best interest.
3. MZCA Summer Camp will not administer medication.

Center Policies

1. Children will have a rest period during the day.
2. Children are to be with their parents/guardians at all times at drop off and pick up.
3. Children will play outdoors, except during inclement weather or when using the gym. Please dress children appropriately. (i.e., sunscreen, clothing with proper length)
NO OPEN TOE SHOES
4. The MZCA Summer Camp claims no responsibility for any lost, damaged, or stolen belongings brought in by children.

Tuition and Fees

1. All tuition payments are due weekly on Mondays. If tuition is not paid on time, your child will not be allowed to attend camp until payment is received. Payment will be accepted in the form of cash, money order, credit, or certified checks.
2. Parents/Guardians must give at least one week written notice if the child will not be in attendance. Otherwise, you will be assessed regular tuition fees.
3. Any child not picked up by 6 pm will be considered late and the parent will be assessed a late fee of \$1.00 per minute, to be paid at the time the child is picked up.

Parent/Guardian Signature

DATE ____ / ____ / ____



Health History



Please check the following as they relate to your child.

	YES	NO			
Heart Disease/Defect	_____	_____	Allergy to following (list specifics)		
Seizures/Epilepsy	_____	_____	Medications _____		
Diabetes	_____	_____	Foods _____		
Down Syndrome	_____	_____	Insects _____		
Absence of Vision	_____	_____	Plants _____		
Concussion or Head Injury	_____	_____		YES	NO
Major Surgery or Illness	_____	_____	Immunizations up to date	_____	_____
Head Stroke/Exhaustion	_____	_____	Fainting	_____	_____
Impaired Motor Activity	_____	_____	Back or Joint Problems	_____	_____
Asthma	_____	_____	Motion Sickness	_____	_____
Contagious Disease	_____	_____	Hearing Loss	_____	_____
Emotional Problems	_____	_____	Eyeglasses/Contacts	_____	_____
Behavior Problems	_____	_____	Sprains, Fractures, Dislocations	_____	_____

Please give detailed information for anything checked "YES" above. (Use additional pages if necessary.)

Symptoms _____ Type of _____
 Frequency of _____ History of Occurrence _____
 Trigger Mechanism _____ Other _____
 Comments: _____

Daily Medications: Please print medication name, what it is used for, amount, date prescribed and number of times/day. _____

I am acknowledging that my child is physically capable of participating in camp activities and the information that I have completed above is correct.

Parent/Guardian Signature _____ Date _____

Name of Center: _____

Discipline and Behavior Management Policy

Date Adopted _____

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of "time-out"
12. DO stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children with bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of _____
(child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Parent/Guardian Signature _____ Date _____

Distribution: one copy to parent(s); signed copy in child's facility record

Weekly Activity Schedule

Monday—Durham County Library @ 10:30

Tuesday—Campus Hills Recreation Park (swimming) 11:00-12:00

Wednesday—The Raleigh Grande Movies (concessions are \$1.00 each)

Thursday—same as Tuesday

Friday—Weekly field trip (look for memo)