

Summer Fun Camp

2000 East Belvedere Avenue

Baltimore, Maryland 21239

Phone (410-426-2309)

Swimming



Field Trips



Character Fun



Sports

7:00 A.M.

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5:30 P.M.

Math Fun



Children are grouped by age & grade

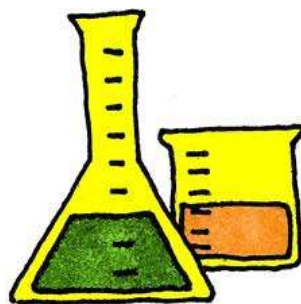
Ages 3-6

Ages 7 - 12

Bible Fun



Hands on Science!



Reading Fun



Mandatory Parent Orientation
Friday, June 24, 2022 - 6:30 p.m.

There is a \$50 non-refundable fee to be submitted with the application and the first week payment.

Office Use Only	
Enrollment Fee :	_____
First Week Fee	_____
Date	_____

Mount Zion Baptist Church
2022 Summer Camp Application
Information

Child's Name _____ Student's Age _____
 Address _____ Student's Birthday _____
 City _____ State _____ Zip Code _____

Parent Information

Mother's Name _____
 Address & Zip Code _____
 Tel# Numbers _____ home _____ work _____ mobile _____
 Email Address _____

Father's Name _____
 Address & Zip Code _____
 Tel# Numbers _____ home _____ work _____ mobile _____
 Email Address _____

Emergency

Name of (2) persons who can pick up your child in an emergency:
 _____ telephone number _____
 _____ telephone number _____

Pick Up Persons

Name of (2) additional persons who will pick up your child
 _____ telephone number _____
 _____ telephone number _____

Health

Does your child have any of the following conditions? Check for yes.
 _____ physical limitations _____ psychological needs
 _____ physical illnesses _____ health concerns?
 Describe conditions below.

In the event of an emergency, I give Mt. Zion Summer Camp staff permission to take my child to the nearest hospital for treatment.

 Parent Signature _____ Date _____

Mount Zion Ministries
2000 East Belvedere Avenue
Baltimore, MD 21239
Medical History (Camper)

My child is enrolled within a school system. Yes _____ No _____

Attach a copy of your child's Immunization Form to the sheet if your child is NOT enrolled in school.

Camper Name _____

Date _____

Parent Name _____ Phone
Number _____

Address _____ City/State/Zip

1. Name/address/phone number of child's physician

2. Date of your child's last physical examination _____
3. Does your child have any major health problem? Yes _____ No _____
If yes, list _____
4. Does your child have or has had any of the following conditions? Check for yes

____ asthma ____ epilepsy ____ heart condition ____ diabetes
____ hypertension ____ mumps ____ measles (rubella) ____ tuberculosis
____ chicken pox ____ depression ____ ADHD/ Hyper Activity Disorder
5. List the health condition that might require emergency action for your child while in the camp:
6. Is your child on long term medication? ____ yes ____ no
7. Should there be a restriction while in camp? ____ yes ____ no
8. Does your child have any problems with: (write yes or no in blank)
____ vision problem ____ hearing problem ____ speech/language problem

Medical Emergency

In a medical emergency requiring immediate attention, your child will be taken to the nearest emergency room. Your signature authorizes the responsible person at the camp to have your child transported to that hospital for treatment.

Parent Signature _____ Date _____

Mount Zion Summer Fun Program

Ages 3 1/2 - 6 yrs. & 7-12 yrs.

2022 Summer Camp Fees

Hours: 7:00 a.m. 5:30 p.m.

1 child	\$125.00 per week
2 siblings	\$200.00 per week
3 siblings	\$260.00 per week
4 or more siblings	(see director for special pricing)

Your Child MUST be picked up on time.

My child will be attending camp the following weeks:

_____ week 1	beginning June 27, 2022
_____ week 2	beginning July 5, 2022 (Closed July 4 th)
_____ week 3	beginning July 11, 2022
_____ week 4	beginning July 18, 2022
_____ week 5	beginning July 25, 2022
_____ week 6	beginning August 1, 2022
_____ week 7	beginning August 8, 2022

Parent Orientation Meeting (Virtual)
Friday, June 24, 2022 6:30 p.m.

All parents enrolling students in the camp must attend!

