

**MT. ZION BAPTIST CHURCH**  
**Summer Enrichment Program**  
**(Reading / Mathematics)**

**Ages 5 - 18**

**Student Information & Application Form**

Student Name: (Please Print Clearly) \_\_\_\_\_ Age \_\_\_\_\_

School: \_\_\_\_\_ Grade (next school term) \_\_\_\_\_

**Parent / Guardian: (Please Print Clearly)** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

(Home)

(Cell)

**Emergency Contact Information:** \_\_\_\_\_

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED  
OR VIDEOTAPED FOR THE PROMOTION OF THIS PROGRAM.

\_\_\_\_\_ Yes, my child may be photographed or videotaped

\_\_\_\_\_ No, my child may not be photographed or videotaped.