



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

*(MLK Site) 1905 Martin Luther King, Jr. Drive*

**June 4, 2018 - July 12, 2018**

**(Ages 5-18) Grades K-12<sup>th</sup>**

**Cost: \*\$75.00 (\$25 for each additional child per household)**

*\*Non-Refundable*

**8:00 a.m. - 12:00 noon**

**Monday – Thursday**

**Student Information & Application Form**

Date \_\_\_\_\_

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

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

Parent/Guardian: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Home) (Cell)

**Emergency Contact Information**

\_\_\_\_\_  
Name Address Phone Number

Any known allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

Please list the name(s) of any other sibling(s) enrolling in the program.

\_\_\_\_\_

**MZ PHOTOGRAPH RELEASE FORM**

I, \_\_\_\_\_, parent/guardian of  
*Print Parent/Guardian's Full Name*

\_\_\_\_\_, do hereby grant Mount Zion Baptist Church  
*Print Child's Full Name*

the unlimited right to utilize and/or reproduce photographs, likeness, or the voice of my child in any legal manner for the internal or external promotional/informational activities of the Mount Zion Church website.

I also agree to allow my child to be interviewed and/or photographed by representatives of the internal MZ Media – A/V Ministries in relation to any and all coverage of Mount Zion Baptist Church in which they are involved.

I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Today's Date*

\_\_\_\_\_  
*Street Address of Parent/Guardian*

\_\_\_\_\_  
*City, State, Zip Code*

901 S Westover Blvd  
Albany, GA 31721  
Telephone: (229)432-6837 FAX: (229)432-9369  
WWW.MTZIONOFALBANY.ORG