



Masjid Al-Falaah, AIQ at HCES

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Qur'an Summer Camp 2016 Application for Admission
July 11 2016 – August 05, 2016

Section 1 **Family information**

Family Name: _____ Father's Name: _____ Mother's Name: _____

Home Address: _____
Street Apt # city state zip code

Home Phone: _____ Work Phone: _____ Emergency: _____

E-mail: _____

Section 2 **Student Information**

1. First Name: _____ Last Name: _____ Date of Birth: _____ Gender: _____

Allergies: _____

2. First Name: _____ Last Name: _____ Date of Birth: _____ Gender: _____

Allergies: _____

3. First Name: _____ Last Name: _____ Date of Birth: _____ Gender: _____

Allergies: _____

Section 3 **Payments**

Instructions: Fees are \$300 1st child, \$250 2nd child, \$150 3rd child & every child thereafter. Make checks or money orders payable to HCES and enter Summer Camp Fee in the Memo section of the check. Your cancelled check or money order will be your receipt. There is a one-time registration fee of \$25 per child.

Amount Paid: \$ _____ Paid By: Check Cash/Money Order Post-dated Checks; Remaining Balance \$ _____

Section 4 **Signature**

As a parent/legal guardian of the minor listed above, I affirm that the above information is complete and correct. I hereby grant permission for this child to participate in all activities of the American Institute of Qur'an (AIQ) at Harford County Education Society (HCES). I assume full responsibility for any injuries which may occur to this child in, on, or about the premises of the AIQ at HCES, or arising out of its activities, wherever it may be, including transportation to and from the AIQ at HCES and its activities, and do hereby fully and forever release and discharge AIQ and HCES as an organization, its Directors, officials, staff, its members, and all associated with it, including teachers, administrators, counselors, and volunteers, from any and all claims, demands, rights of action, or causes of actions, present or future, whether same be known, anticipated, or unanticipated, resulting from or arising out of child's participation in the Summer Camp Program and activities of the HCES. I further grant permission to provide emergency first aid and/or hospitalization to this child in case of injury or illness as deemed appropriate by the AIQ at HCES. Any medical expenses incurred for medical treatment shall be my responsibility.

Scholarship requested 75% 50% 25%

Parent Signature: _____ Date: _____

For Office Use:

Scholarship: Approved Not Approve Amount Approved \$ _____