



Masjid Al-Falaah, AIQ at HCES  
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**AIQ at HCES Sunday School  
Application for Admission**

**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**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_

**Section 3** **Payments**

Instructions: Fees are \$50 per month. Make checks or money orders payable to HCES and enter AIQ SS Fee in the Memo section of the check. Your cancelled check or money order will be voided by your receipt. There is a one-time registration fee of \$25 per student.

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 Sunday School 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.

I agree to keep my child at Sunday School for one academic year. If at any time the student stops coming to Sunday School, parents will be responsible for paying tuition for the rest of the year. Registration and other fees are non-refundable.

Scholarship requested  75%  50%  25%

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use:**

Interview \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Need Remediation \_\_\_\_\_ Teacher's Initials \_\_\_\_\_

Scholarship:  Approved  Not Approve Amount Approved \$ \_\_\_\_\_