



Masjid Al-Falaah, AIQ at HCES

www.masjidalfalaah.com alfalaah7@gmail.com

Qur'aan Summer Camp 2014

June 18 through July 9, 2014

Application for Admission

Please complete neatly and mail with check to: AIQ at HCES, Masjid Al-Falaah; 3014 Philadelphia Rd, Abingdon, MD 21009

Section 1

Family Information

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

Home Address: _____
street apt number 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 4

Payments

Instructions: Fees are: \$400 1st child, \$350 2nd, \$250 3rd & every child thereafter. Make checks or money orders payable to HCES and enter "AIQ PT Fee" in the Memo section of the check. Your canceled check or money order copy will be your receipt. There is a one-time registration fee of \$25 for 1st student.

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

Section 5

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'aan (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 Part Time Hifz 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 Qur'aan Summer Camp for three weeks. If at any time the student stops coming to AIQ at HCES parents will be responsible for paying tuition for the entire period. Registration and other fees are non-refundable.

Scholarship requested 75% 50% 25% Other _____ None

Parent Signature: _____ Date: _____

For Office Use:

Interview _____ Above Average _____ Average _____ Need Remediation; Teacher's Initials _____

Scholarship _____ Not Approved _____ Approved; Amount Approved \$ _____