



QURANIC SUMMER CAMP REGISTRATION FORM

FAMILY INFORMATION

Last Name: _____ First Name: _____ Parent Self Guardian

Address _____
 Street City State Zip

Home Phone: _____ - _____ - _____ Cell/Work Phone: _____ - _____ - _____ Email: _____

Secondary Email: _____

Emergency Contact: Name: _____ Phone: _____ - _____ - _____

STUDENT INFORMATION

No.	First	Student Name	Last	M/F	Age
1					
2					
3					
4					
5					

CLASS	TUITION	Amount Due
Quranic Studies Summer Camp	<input type="checkbox"/> \$300.00/whole Camp	
Donation for ICM	\$ _____	
TOTAL DUE	\$ _____	

Note: Admission will be honored based on availability.

INSTRUCTIONS: PLEASE MAKE CHECKS PAYABLE TO "ICM"/WRITE PHONE NUMBER ON THE CHECK.

Parent/Guardian/Self Signature _____ Date _____



For Office Use, Only				
Administrator Signature _____		Date Received _____		
Payment Received: \$	Payment Balance: \$	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	<input type="checkbox"/> Scholarship
<input type="checkbox"/> Data Entry:	<input type="checkbox"/> Payment Entry:			

Parents willing to enroll their children are encouraged to fill the registration form and return it to the ICM EDUCATION COMMITTEE BY July 1, 2019.

In the event of a cancellation due to inclement weather, Administrator will make the decision to cancel the classes. Cancellation of classes will be coordinated with the ICM Administrator. If the weather deteriorates during the day, the classes may be canceled. Parents will be notified when possible, and cancellations notification will be sent to parents. Parents are encouraged to check the website or call ICM before leaving home, when weather conditions are questionable.

Emergency Contact Information:

Name: _____ Relationship: _____

Health Information:

Injuries/illness: _____

Medication and frequency: _____

Special Instruction: Please READ and SIGN.

I, the undersigned, am the parent/legal guardian of the aforementioned child/children and requesting admittance to Quran or Arabic class. Furthermore, each STUDENT being enrolled is in good health, and does not suffer from any illness; disability or condition that requires the taking of medication on a regular basis and any such condition is disclosed to and is accepted by the camp administration. I also understand that there is no reason that each STUDENT on this form cannot or should not participate in vigorous practice or play. I, the undersigned, hereby expressly agree to be responsible for any medical bills incurred in the treatment of any illness or accident of the said STUDENT. In the event of any such accident or injury, I hereby give my full consent to allowing the ICM Administration and ICM staff to procure any medical treatment deemed necessary and advisable on behalf of my child. I understand that, as a condition of admittance of each STUDENT, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant(s), hereby release; the ICM and its Staff and Administrator, all and every member of summer camp and ICM Staff, and the Instructors from all and any liability resulting from injury or illness, mental or physical, suffered by the STUDENT during or related to the school year.

I, _____ the legal parent/guardian/self of _____ have read and understand the above and acknowledge and accept full responsibility as described above.

Signed: _____ Dated: _____