



SUMMER CAMP REGISTRATION FORM

FAMILY INFORMATION

Last Name: _____ First Name: _____ Mother Father Guardian

Address _____
 Street City State Zip

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

Secondary Email: _____

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

STUDENT INFORMATION				
No.	Student Name		Sex M/F	Date of Birth
	First	Last		
1				
2				
3				
4				
5				

TUITION	
CAMP	Amount Due
QURANIC STUDIES	<input type="checkbox"/> \$300.00/camp
SCIENCE - STEM	<input type="checkbox"/> \$125/week
Donation for ICM	\$ _____
TOTAL DUE	\$ _____

Note: Admission will be honored based on availability.

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

Parent / Guardian Signature _____ Date _____



For Office Use, Only

Camp Administrator Signature _____ Date Received _____

Payment Received: \$ Payment Balance: \$ Cash Check # Scholarship

Data Entry: Payment Entry:

Parents willing to enroll their children are encouraged to fill the registration form and return it to the ICM OFFICE by June 20th, 2018.

In the event of a cancellation due to inclement weather, Camp 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 will be posted on the ICM WEBSITE. 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 ICM Summer camp. 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 Camp 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 of _____ have read and understand the above and acknowledge and accept full responsibility as described above.

Signed: _____ Dated: _____