

ADAMS Taleem--ul--Quran
Quran Camp Registration Form

Section A: Please provide information about the student

Name: _____

Address: _____

City _____ Zip Code: _____

Date of Birth: _____ Gender: _____

Class:

Fee: \$300 Paid: ____

Pre/After Care (\$3 per hour):

Section B: Please provide information about a parent

Name of Mother/Father/Guardian: _____

Home Phone: _____ Work Phone: _____

Email: _____

Signature: _____ Date: _____

ADAMS Taleem--ul--Quran Liability Waiver Form

As the parent/legal guardian of the minor(s) listed below, I hereby grant permission for the student(s) to participate in all the field trips and activities of the All Dulles Area Muslim Society (ADAMS) Taleem--ul--Quran program. I assume full responsibility for any injuries or damages which may occur to these student(s), in, on, or about the premises of the said school, or arising out of its activities, and do hereby fully and forever release and discharge ADAMS, its Trustees, its Taleem--ul--Quran program and all associated with it, including teachers, administrators, and volunteers, from any and all claims, demands, rights of action, or causes of action, present or future, whether same, be known, anticipated or unanticipated, resulting from or arising out of the student(s) participation in the programs and activities of the aforesaid school. I further grant permission to provide emergency first-aid and/or hospitalization to the student(s) listed below in case of injury or illness as deemed appropriate by the school or a physician. Any medical expenses incurred for medical treatment shall be my responsibility.

Signature of Parent/Guardian

Date

Child's Name

Date

Emergency Information:

Contact: _____ Phone #: _____

Allergies: _____ Medication: _____

Medical Insurance: _____ Policy #: _____

Doctor's Name: _____ Phone #: _____

For more information, call (703) 314 - 8980 or email adamstqp@gmail.com

**ADAMS Taleem-ul Quran
Quran Camp 2018
Enrollment Agreement
Terms and Conditions**

(Initial) _____ I understand that upon enrollment, I am required to provide proof of my child's identity and age, as well as a passport size photograph to the school. A letter of health for the child, signed by a doctor or their elementary school, is required upon admission.

(Initial) _____ I further understand that this application will not make me eligible for an available space until the summer camp and activities fee is cashed.

(Initial) _____ I understand that my obligation to pay the fee of \$ _____ per child, for the entire summer camp period, is unconditional and that **no portion** of the fees paid or outstanding **will be refunded or canceled** in the event of absence, withdrawal or dismissal from the ADAMS Taleem--ul--Quran of the above student. I can either complete a credit card authorization form that will allow a debit of \$ _____ or I can provide the office with a check in the amount agreed upon above.

(Initial) _____ I further understand that the Pre/After Care program is conducted and billed separately from the Summer Camp Program. If I enroll in the "Pre/After Care Every Day Program" which will be \$3 per hour, I will have to pay the entire bill in advance. I understand that I will not be allowed to keep my child in Pre/After Care if my bill is not paid. In the event that I do not pick up my child on time from Pre/After Care, I will have to pay the office \$5 per half hour after the allotted time. My child will not be able to go to Pre/After Care unless this bill is resolved.

(Initial) _____ I understand that in signing this Enrollment Agreement for the coming summer camp period, the parties hereto agree that the program makes all policies regarding operational and education matters, and the rules concerning payment of fees as stated above.

(Initial) _____ Unless notified in writing, I understand that the school may use my child's picture or his or her likeness in its brochure and advertising materials without any monetary compensation.

(Initial) _____ I hereby give permission to the ADAMS Summer Camp to seek emergency medical treatment for my child(ren) in case I cannot be contacted by phone. All expenses for such treatment are the responsibility of the parents.

Parent Signature: _____ Date: _____