

**Dar-Us-Salaam Summer Programs 2008 Registration – Qur'an Programs (5+) (ages vary per program)**

Phone: 301-982-2402 / Web: [www.alhuda.org](http://www.alhuda.org) / Fax: 301-982-2325 / email: [summercamp@alhuda.org](mailto:summercamp@alhuda.org)

Student Name				DOB		Age		Gender	
Father Name		Home #		Work #		Cell #			
Mother Name		Home #		Work #		Cell #			
Address									
City				State		Zip			
Father Email				Mother Email			Referred by		
Emergency Contact				Relationship			Daytime Phone		
Emergency Contact				Relationship			Daytime Phone		

Select One Program	Select Week Option	Timings and Dates	Cost	Total
<input type="checkbox"/> <b>Qur'an Reading Camp</b> (Ages 5 to 18)	<input type="checkbox"/> Six Week Option	June 23 to August 1 M-Th:9am to 3:15pm (Fri:9am-2:15pm)	\$525	
<input type="checkbox"/> <b>Intensive Hifzh Camp</b> (Ages 8 and above)	<input type="checkbox"/> Weekly Option	Select Weeks: <input type="checkbox"/> June 23   <input type="checkbox"/> June 30   <input type="checkbox"/> July 7 <input type="checkbox"/> July 14   <input type="checkbox"/> July 21   <input type="checkbox"/> July 28	\$105/week	
<input type="checkbox"/> <b>Intensive Hifzh Review</b> (Hufazh Only)		M-Th:9am to 3:15pm (Fri:9am-2:15pm)		

1. Has this applicant ever been tested or screened for:  
 a. Psychological / Emotional Disabilities:  Yes  No If yes, please explain: \_\_\_\_\_  
 b. Learning Disabilities:  Yes  No If yes, please explain: \_\_\_\_\_

2. Does the applicant have any health concerns such as allergies, asthma, conditions, surgeries, disease, etc.?  Yes  No  
 If yes, please explain: \_\_\_\_\_

3. Does the applicant take any prescription medication on regular basis?  Yes  No  
 If yes, which medicine(s): \_\_\_\_\_

4. Does your child need Before/After-Care?  Yes  No (If yes, please fill out Before/After-Care Form. Additional fees required.)

5. Release: I give permission to Dar-us-Salaam Summer Programs to photograph my child for developing promotional/marketing materials for Dar-us-Salaam Summer Programs.  Yes  No

**Field Trips/Activities and Transportation (Select available date(s))**

We are requesting parents to volunteer on Wednesdays inside class or on field trips as chaperones. Please select one Wednesday when you can volunteer.

Select Days to Volunteer:  
 Wednesday  June 25 |  July 2  
 July 9 |  July 16  
 July 23 |  July 30

Can you offer a van so we can carpool to take students if there is a field trip on the Wednesday you chose?  Yes  No

	<b>SUBTOTAL</b>	
Discount Type (choose one) : <input type="checkbox"/> Family   <input type="checkbox"/> Staff   <input type="checkbox"/> Referral	10% of Total	
Registration Fee for all Summer Camp Courses (waived if registration and payment / payment plan <b>before April 14, 2008</b> )	\$25/application	
	<b>TOTAL</b>	

Refund Policy for 6 Weeks Registration	Refund Policy for Weekly Registration
<ul style="list-style-type: none"> <li>Withdraw before first day of class: 100% refund</li> <li>Withdraw during the first week of classes: 50% refund</li> <li>Withdraw during the second week of classes: 25% refund</li> <li>Withdraw after the second week: 0% refund</li> </ul>	<ul style="list-style-type: none"> <li>Withdraw before first day of class: 100% refund</li> <li>Withdraw on Monday: 50% refund</li> <li>Withdraw on Tuesday: 25% refund</li> <li>Withdraw after Tuesday: 0%</li> </ul>

**Payment Information (Registration is not complete until FULL payment is made).**

Method: <input type="checkbox"/> Check <input type="checkbox"/> Cash	CC: <input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover	<input type="checkbox"/> Payment Plan (Requires Financial Agreement - available in front office)
Credit Card #:		Exp. Date:
Name on Card:	Signature:	