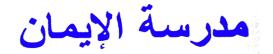
Al-Iman School





3020 Ligon Street, Raleigh, North Carolina 27607 Telephone: (919) 821-1699, Fax (919) 821-2988 www.alimanschool.org

2016 Summer Camp Application for Admission July 5th, 2016 – July 29th , 2016

Open to the Community for children 5yrs* - 10yrs*

(* age as of May 31st, 2016)

1. Name of Child:	Last	First	Middle	
2 Addross:				
2. Address:	Street Address	City	State Zip Co	ode
3. Telephone Number	: <u>()</u> 4. Date o	f Birth: <i>Month / Day /</i>	Voor	
		WOHLIT / Day /	Tear	
5. Names of Parents:	Father	Mother		
6. Occupation:	Father	 Mother		
7. Work Phone #:				
	Father	Mother		
8. Cell Phone #:	Father	Mother		
9. Email Address:	Father	 Mother		
10 Student Lives with	: ☐ Both Parents ☐ Mother	☐ Father ☐	Others	
☐ Yes☐ No11b. Is the student on	t have any medical problems which the scl If yes, explain: any type of regular medication? If yes, explain:			
	: have any allergies to specific food or med	lications?		
12. Does the student lif yes, Company:	have Health/Medical Insurance ? [□ Yes □ No Grou	p#:	
	medical emergency arises and you cannot ecessary for treatment of your child?		horize Al-Iman School	to
	the Summer Camp fee is \$360.00 fo			
ree does not inclu time of registration	de the cost of field trips. This fee is 1.	s non-refundable and	payment is due in	tuli at th
13. Parent's Sig	ınature:	Date) :	
For Office Use Only	v: □ Summer Camp Enrollment	☐ Business Manager	□Summer Camp In	nstructor