



## 2016 Summer Camp Application for Admission

July 5<sup>th</sup>, 2016 – July 29<sup>th</sup>, 2016

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

(\* age as of May 31st, 2016)

1. Name of Child: \_\_\_\_\_  
*Last First Middle*

2. Address: \_\_\_\_\_  
*Street Address City State Zip Code*

3. Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_  
*Area Code Month / Day / Year*

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 \_\_\_\_\_

### 11. Medical History

11a. Does the student have any medical problems which the school should be aware of ?

Yes  No If yes, explain: \_\_\_\_\_

11b. Is the student on any type of regular medication?

Yes  No If yes, explain: \_\_\_\_\_

11c. Does the student have any allergies to specific food or medications?

Yes  No If yes, explain: \_\_\_\_\_

12. Does the student have Health/Medical Insurance ?  Yes  No

If yes, Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

13. In the event that a medical emergency arises and you cannot be reached, do you authorize Al-Iman School to undertake the steps necessary for treatment of your child? \_\_\_\_\_

**\*I understand that the Summer Camp fee is \$360.00 for one student (\$670.00 for two/\$980.00 for three). Fee does not include the cost of field trips. This fee is non-refundable and payment is due in full at the time of registration.**

13. Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:  Summer Camp Enrollment  Business Manager  Summer Camp Instructor