

# DAARUL ULOOM ISLAMIC SCHOOL

## SUMMER CAMP REGISTRATION FORM

**June 5-22 & July 10-27**

**Monday to Thursday (12:30pm – 3:30pm)**

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ GENDER: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ GENDER: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ GENDER: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ GENDER: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Father: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Mother: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Guardian: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Student lives with (check all that applies): [ ] Father [ ] Mother [ ] Guardian

**EMERGENCY CONTACTS**

In the event the parent/guardian cannot be reached, the school will call the individuals listed below. The individuals below should be able to:

- 1) Give permission to administer health care;
- 2) Pick up your child if your child is ill; or
- 3) Give advice about caring for your child.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**STUDENT PICK UP**

Please list below all those who are authorized to pick up your child from the DU Summer Camp.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**FEES (Please Initial)**

Tuition must be paid in full at the time of enrollment. Please make checks payable to Daarul Uloom Islamic School.  
 Registration Fee (Nonrefundable): \$25/Child

Session 1: June 5 to June 22	Initial	Session 2: July 10 to July 27	Initial
4 Days a week: Monday to Thursday		4 Days a week: Monday to Thursday	
12:30pm to 3:30pm		12:30pm to 3:30pm	
\$110/Student		\$110/Student	

Please circle the session(s) you want to enroll your child in: **Session 1**    **Session 2**

**Discount:** If you register for both sessions total fees will be \$200/Student.

**(OR) Tuition fees for per week registration: \$50/Week. Please specify the week(s) you are registering for:** \_\_\_\_\_

### HEALTH INFORMATION

Student Name (In case of more than 1 child enrolled, please fill Health Info for each child): \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any past illnesses (contagious and non-contagious): \_\_\_\_\_

Please list any operations or serious injuries (include dates): \_\_\_\_\_

Has camper ever been hospitalized? \_\_\_\_\_

Does camper have any chronic or recurring illness? \_\_\_\_\_

Is there anything else in campers' health history that the camp staff should know? \_\_\_\_\_

Are there any activities from which the camper should be restricted? \_\_\_\_\_

Are there any specific activities that should be encouraged? \_\_\_\_\_

Will the camper need to take any medication at camp? ( ) NO ( ) YES If YES, please call the Camp Director to discuss.

Does the camper wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? \_\_\_\_\_

*If my child's emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize school employees to obtain emergency medical care for my child while under the school's care including transporting or sending my child to an available hospital or physician.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### DAARUL ULOOM SUMMER CAMP CONSENT FORM

I, \_\_\_\_\_, parent of \_\_\_\_\_, hereby agree to allow my child to participate in Daarul Uloom Summer Camp Program. I understand and acknowledge that by allowing my child to participate in this activity, I will be responsible for damage to property of the school and private parties caused by my child, and for any injuries to my child or other parties, which may result from his/her participation in this activity.

The campers will walk or take public transportation to all camp events. I, \_\_\_\_\_, (parent's name) hereby give my permission for my child to walk or ride public transportation with camp personnel.

I, \_\_\_\_\_, (parent's name), give permission to Daarul Uloom Summer Camp directors to take my child for emergency treatment if necessary.

### CONSENT FOR USE OF NAME, PHOTOGRAPH, AND STATEMENT

For good and valuable consideration, receipt, and sufficiency of which is acknowledged, I grant to Daarul Uloom, and to other such persons as the Daarul Uloom Camp may designate from time to time, the absolute right and permission to use in perpetuity my child's name, image (on still and/or video footage), photograph, and any statement I may provide about the camp, either alone or accompanied by other material, in any manner, throughout the world, for the purpose of advertising, publicity, trade, or any other lawful purpose whatsoever, in any media now known or ever developed. Said statement may be reproduced and published in whole or in part and may be modified and adapted in any manner to facilitate its use in advertising and/or publicity, so long as the general sense of the statement is not changed. I warrant and represent that all of the facts contained in said statement accurately reflect my opinions and experience. I agree that I will not hold Daarul Uloom Camp or anyone who receives permission from them, responsible for any liability resulting from use of my name, image, or photograph and my statement in the manner described above.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_