



Masjid Al-Falaah, AIQ at HCES
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**AIQ at HCES Sunday School
Application for Admission**

Section 1 **Family information**

Family Name: _____ Father's Name: _____ Mother's Name: _____
Home Address: _____
Street Apt # city state zip code
Home Phone: _____ Work Phone: _____ Emergency: _____
E-mail: _____

Section 2 **Student Information**

First Name: _____ Last Name: _____ Date of Birth: _____ Gender: _____
Allergies: _____

Section 3 **Payments**

Instructions: Fees are \$60 per month. Make checks or money orders payable to HCES and enter AIQ SS Fee in the Memo section of the check. Your cancelled check or money order will be voided by your receipt. There is a one-time registration fee of \$25 per student.

Amount Paid: \$ _____ Paid By: Check Cash/Money Order Post-dated Checks; Remaining Balance \$ _____

Section 4 **Signature**

As a parent/legal guardian of the minor listed above, I affirm that the above information is complete and correct. I hereby grant permission for this child to participate in all activities of the American Institute of Qur'an (AIQ) at Harford County Education Society (HCES). I assume full responsibility for any injuries which may occur to this child in, on, or about the premises of the AIQ at HCES, or arising out of its activities, wherever it may be, including transportation to and from the AIQ at HCES and its activities, and do hereby fully and forever release and discharge AIQ and HCES as an organization, its Directors, officials, staff, its members, and all associated with it, including teachers, administrators, counselors, and volunteers, from any and all claims, demands, rights of action, or causes of actions, present or future, whether same be known, anticipated, or unanticipated, resulting from or arising out of child's participation in the Sunday School Program and activities of the HCES. I further grant permission to provide emergency first aid and/or hospitalization to this child in case of injury or illness as deemed appropriate by the AIQ at HCES. Any medical expenses incurred for medical treatment shall be my responsibility.

I agree to keep my child at Sunday School for one academic year. If at any time the student stops coming to Sunday School, parents will be responsible for paying tuition for the rest of the year. Registration and other fees are non-refundable.

Scholarship requested 50% 25%

Parent Signature: _____ Date: _____

For Office Use:

Interview _____ Above Average _____ Average _____ Need Remediation _____ Teacher's Initials _____

Scholarship: Approved Not Approve Amount Approved \$ _____