



Pickering Islamic Centre

Summer Hifz Camp

Admission Form

STUDENT INFORMATION

Name: _____
Last First Middle

Home Address: _____
Street Apartment/Unit #

City Province Postal Code

Date of Birth: ____ / ____ / ____
Month Day Year

PARENT/GUARDIAN INFORMATION

Father/Guardian: _____
Last First

Mother/Guardian: _____
Last First

Home Address (if different from student)

Home Address (if different from student)

Home Telephone: (____) _____

Home Telephone: (____) _____

Work Telephone: (____) _____

Work Telephone: (____) _____

Cellular Phone: (____) _____

Cellular Phone: (____) _____

E-mail: _____

E-mail: _____

E-MAIL AUTHORIZATION

☐ Please add my e-mail address to the School's Mailing List to receive important school information.

MEDICAL/HEALTH INFORMATION

Health Card Number (OHIP): _____

Medical Conditions/Allergies (please describe):

Does the applicant have any restrictions participating in sports and physical exercise? Yes _____ No _____

If YES, please explain: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone #: _____

PARENTAL CONSENT FOR EMERGENCIES

In the event of injury requiring medical attention, I hereby grant permission to **PIC Summer Hifz Camp** to share any information listed on this form with the supervising teacher or staff to attend to my child during school hours. I understand that every effort will be made to contact me, however, if the emergency warrants emergency medical attention, and I am unreachable, I grant permission to Summer Hifz Camp for necessary medical treatment to be given, including permission to transport my child to the nearest medical facility.

Parent/Guardian Signature: _____ Date: _____

SIBLING INFORMATION

Please list all siblings currently attending Summer Hifz Camp:

1. Name: _____

2. Name: _____

3. Name: _____

WAIVERS

I understand and agree that Summer Hifz Camp, Pickering Islamic Centre and Staff, while taking all reasonable precautions to ensure the safety of students, will not be held liable by myself in the event of any personal injury or accident caused to my child while he/she is at school at any time on a school day (including before 9:00a.m. or after 2:00 p.m.), on a school trip, or at any school excursion.

I agree

☐

My child's photography and visual likeness may be displayed in school buildings (other than classroom)

I give consent

☐

I give permission for my child to take part in field trips or excursions at the discretion of Summer Hifz Camp staff, if normal safety procedures are being followed and implemented.

I give consent

☐

EMERGENCY SCHOOL CLOSURE

During inclement weather, Summer Hifz Camp may attempt to keep the school open, however this does not mean students must be sent to school. It is the responsibility of parents to decide weather conditions are safe for their children to attend school. Please listen to Radio/TV weather reports to determine school closures. Please check the school website for additional information and updates. In case of inclement weather or an emergency due to lack of heat, water or gas leak etc., I grant permission for my child to be sent home.

I give consent

☐

If your child is not to be sent home, please specify alternate arrangements:

DOCUMENTS SUBMITTED WITH THIS FORM

☐

REGISTRATION FEE HAS BEEN INCLUDED

Notes from Principal

Attendance and Payment Option

Number of Week Attending: 1___ 2___ 3___ 4___ 5___ 6___

Payment Options:

Option 1: Full payment of \$275.00 + \$10.00 Registration _____

***Available for the full 6 weeks' attendance**

Option 2: Weekly payment of \$50.00 + \$10.00 Registration _____

***Available for less than 6 weeks' attendance**

APPLICATION FOR ADMISSION AGREEMENT

Thank you for your interest in registering your child at Summer Hifz Camp. It is an honor and a great responsibility which we undertake in providing Qur'anic education to all our applicants. Please read the following terms of this agreement, before signing and dating the application.

1. All completed documents must be submitted with this application.
2. I understand that submission of this application does not entitle my child for admission. It is subject to review by the Principal.
3. If my child is approved to be registered in the school, I must fulfill all financial requirements such as **Admission Fees of \$10 and Weekly/Monthly Tuition Fees**. Failure to do so would result in my child's dismissal from the school.
4. The fulfillment of the payment will continue even when my child is under a leave of absence due to a family trip or any other circumstances.
5. Summer Hifz Camp is not responsible for student transportation, carpooling or bus services.
6. I hereby authorize Summer Hifz Camp to contact schools and other sources to obtain information to support this application.
7. I certify that all information in this application is accurate and up-to-date to the best of my knowledge.

I/We have read and understood the Application for Admission Agreement above and agree to abide by the agreement.

Mother/Legal Guardian's signature

Father/Legal Guardian's signature

Date

FOR OFFICE USE ONLY

Received: ___/___/___ Interviewed: ___/___/___ Approved for Admission ☐ YES ☐ NO
M D Y M D Y

Notes/Comments: _____ Authorized Signature: _____
Name: _____

Payment Option 1: _____ Payment Option 2: _____

FID PARENT: _____ FID STUDENT: _____

FEE: _____ REGISTRATION: _____ OTHER: _____ TOTAL: _____