



MUSTAFA CENTER SUMMER DAY CAMP 2010  
 APPLICATION FOR ADMISSION  
 SummerCamp@MustafaCenter.Org

6844 Braddock Road  
 Annandale, VA 22003  
 Phone/Fax: (703) 658-7134 / 658-7177

*PLEASE NOTE: Parent/guardian should complete this application for students under 18. For assistance, please contact MCSDC administrator.*

STUDENT'S NAME \_\_\_\_\_ Gender  M  F  
First Middle Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Language(s) spoken at home \_\_\_\_\_  
Month Date Year

Address \_\_\_\_\_ Child fluent in English?  Y  N

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Current Grade \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Last Islamic School Attended \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Attended MCSDC last year (2009): Yes \_\_\_\_\_ No \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Information for person(s) who will pick up and drop off student

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information:**

Please mark if your child has any of the following:

- |                                 |  |  |  |   |
|---------------------------------|--|--|--|---|
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> TUBERCULOSIS        | <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> CONVULSIONS         | <input type="checkbox"/> DIABETES           |
| <input type="checkbox"/> CANCER | <input type="checkbox"/> ORTHOPEDIC PROBLEMS | <input type="checkbox"/> EPILEPSY      | <input type="checkbox"/> HEARING IMPAIRMENTS | <input type="checkbox"/> SPEECH IMPAIRMENTS |

ALLERGIES, please specify \_\_\_\_\_

If your child has any sight, hearing, or other impairment that would require special attention, please explain.  
\_\_\_\_\_

If there are any activities that your child should refrain from, please explain:  
\_\_\_\_\_

If your child has had any major operations or injuries, note the type and the year:  
\_\_\_\_\_

If your child regularly takes any medication, please explain:  
\_\_\_\_\_

FAMILY PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**PLEASE NOTE: The responsibility lies with the parent/legal guardian to advise the school of any changes in the medical or physical conditions of the student. MCSDC Staff and Personnel are not legally permitted to administer any medication to students on behalf of the parents/guardians.**

**MCSDC Admission Procedures**

Decisions on admission to MCSDC are made by the administration as soon as all relevant information has been received. To be eligible for admission, the student must demonstrate academic abilities that are compatible with the educational standards of MCSDC. Decisions made by the administration are communicated to the parents as promptly as possible. Level placement in MCSDC is the sole responsibility of the school, as are teacher and class assignments.

**Financial Responsibility**

Once your child has been accepted, the non-refundable tuition fee is due

**Tuition Fees: \$265.00 / student**

*Any additional donations are welcome. Please make checks payable to **Mustafa Center School**.*

**Please read and sign below:**

- MCSDC admits students of any national or ethnic origin and does not discriminate in administration of its educational and admission policies, scholarship and loan programs, and other school administered programs.
- The school administration reserves the right to admit or reject the applicant, if such an action deems necessary and in the best interest of the school.
- Approval of student application is subject to the completion of the parental contract.

*I hereby certify that all information on this application is true and complete to the best of my knowledge. I understand that any withholding or falsification of information on this application is grounds for dismissal of the student.*

\_\_\_\_\_  
Date

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

**Please do not write below this space. For MCSDC administration use only:**

<input type="checkbox"/> Tuition Fee Received: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash  Amount paid: \$ _____  _____ Authorized Signature	<input type="checkbox"/> Parental contract signed and received  <input type="checkbox"/> Scholarship/financial aid received	Application Received by _____  Date Received _____  Date of Enrollment _____  Class Assigned to _____  _____ Date
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