



MUSTAFA CENTER YOUTH SUMMER CAMP 2009

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 MCYSC 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 _____

Home Phone _____ Fax _____ E-mail _____

Last Islamic School Attended _____ Year _____ Grade _____

Address _____

Attended MCYSC last year (2008): 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 |

OTHER MEDICAL CONCERNS
OR LIMITATIONS: _____

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. MCYSC Staff and Personnel are not legally permitted to administer any medication to students on behalf of the parents/guardians.

MCYSC Admission Procedures

Decisions on admission to MCYSC 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 MCYSC. Decisions made by the administration are communicated to the parents as promptly as possible. Level placement in MCYSC 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. A limited number of merit-based scholarships are available; if interested, please contact the MCYSC Administration.

Tuition Fees

MCYSC fee details are as follows:

- One child: \$250
- \$100 for each additional sibling

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

Please read and sign below:

- MCYSC 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 MCYSC administration use only:

Tuition Fee Received:

- Check
- Money Order
- Cash

Amount paid: \$ _____

Parental contract signed and received

Scholarship/financial aid received

Application Received by _____

Date Received _____

Date of Enrollment _____

Class Assigned to _____

Authorized Signature

Date