



3020 Ligon Street, Raleigh, North Carolina 27607

Telephone: (919) 821-1699, Fax (919) 821-2988

www.alimanschool.org

2017 Summer Camp Application for Admission

June 12<sup>th</sup> through June 21<sup>st</sup>, 2017 and July 6<sup>th</sup> through July 28<sup>th</sup>, 2017

9:00 am – 5:00 pm

Open to the Community for children 5yrs\* - 10yrs\*

(\* age as of May 31st, 2017)

1. Name of Child: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_  
Street Address City State Zip Code

3. Telephone Number: (\_\_\_\_) \_\_\_\_\_ 4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Area Code Month / Day / Year

5. Names of Parents: \_\_\_\_\_  
Father Mother

6. Occupation: \_\_\_\_\_  
Father Mother

7. Work Phone #: \_\_\_\_\_  
Father Mother

8. Cell Phone #: \_\_\_\_\_  
Father Mother

9. Email Address: \_\_\_\_\_  
Father Mother

10. Student Lives with:  Both Parents  Mother  Father  Others \_\_\_\_\_

11. Medical History

11a. Does the student have any medical problems which the school should be aware of ?

Yes  No If yes, explain: \_\_\_\_\_

11b. Is the student on any type of regular medication?

Yes  No If yes, explain: \_\_\_\_\_

11c. Does the student have any allergies to specific food or medications?

Yes  No If yes, explain: \_\_\_\_\_

12. Does the student have Health/Medical Insurance ?

Yes  No

If yes, Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

13. In the event that a medical emergency arises and you cannot be reached, do you authorize Al-Iman School to undertake the steps necessary for treatment of your child? \_\_\_\_\_

**\*I understand that the Summer Camp fee is \$450.00 for one student (\$850.00 for two/\$1,250.00 for three). Fee does not include the cost of field trips. This fee is non-refundable and payment is due in full at the time of registration.**

13. Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:  Summer Camp Enrollment  Business Manager  Summer Camp Instructor