

SUMMER PROGRAM APPLICATION

Applicants from Other Schools



Child's Last Name

Child's First Name

Any Sibling(s) Currently Enrolled in Malik Academy or Al Bustan

1 2 3 4 5

Grade

(Ages 6 to 11)

Date of Birth

M T W TH F

Days

Regular Day Extended Day

Hours



Please check off the weeks that you are interested in:

July 5 – 9 July 12 – 16 July 19 – 23 July 26 – 30 Aug. 2 – 6 Aug. 9 – 13

Mother's Name: _____

Father's Name: _____

Employer/School: _____

Employer/School: _____

Phone: _____ Cell Phone: _____

Phone: _____ Cell Phone: _____

Address: _____

Address: _____

City, State _____ Zip Code: _____

City, State _____ Zip Code: _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

EMERGENCY CONTACTS

Please list authorized persons to contact in case of an emergency.

Please list authorized person(s) to pick up your child.

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Phone: _____ Cell Phone: _____

Phone: _____ Cell Phone: _____

Address: _____

Address: _____

City, State _____ Zip Code: _____

City, State _____ Zip Code: _____

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Phone: _____ Cell Phone: _____

Phone: _____ Cell Phone: _____

Address: _____

Address: _____

City, State _____ Zip Code: _____

City, State _____ Zip Code: _____

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Phone: _____ Cell Phone: _____

Phone: _____ Cell Phone: _____

Address: _____

Address: _____

City, State _____ Zip Code: _____

City, State _____ Zip Code: _____

MEDICAL INFORMATION

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____ **Phone Number:** () _____ - _____

Address: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Health Insurance Coverage: Policy #: _____

Child's Medications (please list):

1. _____

2. _____

3. _____

Parent/Guardian Signature

Date

SUMMER PROGRAM TUITION AND FEES

Full Week Prices:

Regular Day: 8:00 AM to 3:00P M \$100/week

Extended Day: 8:00 AM to 5:30 PM \$150/week

***5% Discount for signing up for all 6 weeks of the program (July 5 to August 13)**

Partial Week Prices:

- Two days per week: Regular Day: \$60 Extended Day: \$100

- Three days per week: Regular Day: \$75 Extended Day: \$135

Sibling Discount: If more than one child is enrolled from the same family they will be eligible for a sibling discount of 10% off the price of the second child and 20% off the price of each additional child.

***Vouchers Accepted**

Registration Fee: There is a \$10 Registration Fee for students who have **never been enrolled** in Malik Academy.

Payments Plans

Payments should be made the week prior to the delivery of service. There are late fees assessed for late pick up of students on a daily basis.

Delinquent Accounts Policy

The account is considered delinquent if a payment is late for more that 30 days. Students with delinquent accounts will not be allowed to attend future Malik Academy programs.

I agree to abide by all the above tuition policies

Parent/Guardian Name

(Parent/Guardian's Signature)

Date

MALIK ACADEMY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL AND ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICES, ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS.