



QUR'AN PROGRAM

Application for Admission

5697 Columbia Pike Ste 200, Falls Church Virginia 22041
Phone: 703-347-7222 Cell: 703-987-3980 Email: info@macous.org

Today's Date: _____

Desired Start Date for Qur'an Program: _____

Part 1: Student Information

Male Female

Name First Middle Last Gender

Street Address City State Zip Code

Date of Birth Place of Birth Primary Language Spoken Other Languages

Part 2: Parents Information

FATHER:

Name Email Address

Home Address City State Zip Code

Home Phone Mobile Phone

Occupation Name of Company

The masjid/mosque that my family frequents is: _____

MOTHER:

Name Email Address

Home Address City State Zip Code

Home Phone Mobile Phone

Occupation Name of Company

Part 3: Medical Information

1. Has this student ever had any psychological testing or been screened for academic difficulties or learning disabilities?
Yes/No

2. Does this student have any health concerns (allergies, asthma, conditions, surgeries, diseases)? _____

3. Does this student take any prescription medication: Yes/No If yes, please specify: _____

4. Family Physician: _____ Phone: _____

Note: The parent/legal guardian has the responsibility to inform the school of any changes in medical or physical condition of the student. MACO Staff and Personnel are not legally permitted to administer any medication to students on behalf of the parents/guardians.

Part 4: Student's Qur'an Background

The student must answer the following questions before he/she can be considered for the Qur'an Program:

1. Is the student fluent in reading the Qur'an? Yes/No
2. Has the student read the Qur'an in it's entirety? Yes/No
3. How many Surahs/Ajzaa' has the student memorized? _____
4. Has the student ever attended a full-time Qur'an Memorization school before? Yes/No If yes, please answer: _____

Name of School

Dates Attended

Part 5: Emergency Contacts (Other than above names)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Part 6: Persons Authorized to Pick Up Your Child

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Release

I, _____, the parent/guardian of _____,
Parent/Guardian's Full Name Child's Full Name

Give Permission/ Do Not Give Permission (circle One)

to the Qur'an Program personnel to release my child's name and telephone number to other Qur'an Program families for the purpose of carpooling, PTA, homework groups, event coordination, etc.

Waiver

The Moroccan American Community Organization (MACO), its volunteers, and/or any of its affiliates will not be held responsible for any liabilities with regards to your child.

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

Full Name

Date

Signature

Tuition / Payment Information:

Tuition Fees	
1 st Child: \$70.00/month	3 rd Child & Up: \$50.00 Per Child/month
2 nd Child: \$60.00/month	Tuition for 3 months at a time: \$180.00 Per Child
Total Payment Due: \$ _____	

- We would like to remind you about your payment is due beginning first Sunday of every month or no later than the 5th. Late fee \$15
- Parents are in charge of full month of payment does not matter if the child was missing some day of school or you register him/her in the middle of month.
- If you pick your child late (10 min) it will be same day charge for \$5.

ALL FEES ARE NON - REFOUNDABLE

Photographs: May we take a picture of your child for our social media (no face will be shown) () Yes () No

Credit Card Authorization Form

Name _____

Address: _____

City: _____ Zip Code: _____ Tel: _____

I hereby authorize the Al Salam - Moroccan American Organization (MACO) to charge my credit card (VISA, Master Card and American Express)

For: _____ One Time: _____ Child Name: _____

Cash: _____ Credit card: _____ Check: _____

Credit Card #: _____ Exp: _____ CVC _____

Signature: _____ Date: _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Parent's Signature: _____ Date: _____

Thank You!
