



# MACO- Al Salam Summer Program

June 19<sup>th</sup> – July 14<sup>th</sup>, 2023

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## Information Sheet

### **2023 MACO Al Salam SUMMER CAMP**

Based on popular demand, MACO is planning another exciting educational summer event. This year Al Salam summer program will run from June 19 – July 14, 2023. The purpose of this exciting event is to engage the young pupils' natural abilities to discover and deepen their relationship with the essence of Islamic belief, Tawheed. We ask parents and sponsors to be generous with their time, donations, and transportation.

### **CURRICULUM:**

Our program will focus on three things: 1) Prophet stories, 2) Field trips/activities/reading/crafts and more... 3) Memorization of Quran, Dua and Hadith

### **LOGISTICS.**

**Place:** MACO- Al Salam

**Duration:** June 19 – July 14, 2023

**Time:** 10am-3pm Monday- Thursday

**Summer Camp Fee:** 1 child \$425, 2 child \$375 **Please bring lunch.**

**Pre-K** (4-6 years old)

**Pre/After Care Fee:** No after care. You must pick up your child at 3pm.

# Register your child today!!

Please fill out the form below along with either a credit card form or a check and drop off at MACO or email it to us.

## **MACO Al Slam Summer Camp Registration Form**

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**MACO- Al Salam** | T 703 347 7222 | [info@macous.org](mailto:info@macous.org)

5697 Columbia Pike, Suite200 | Falls Church | VA | 22041

[www.macous.org](http://www.macous.org)

**Information about the student**

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**Fee: 1 child \$425, 2 child \$375**

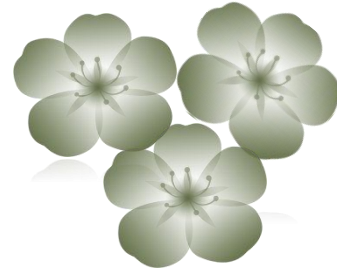
**Approved: \_\_\_\_\_**

**After Care: NA**

**FIELD TRIP NOT INCLUDED**

**Information about parents/guardians**

Name of mother/father/guardian: \_\_\_\_\_  
Tel: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MACO – Al Salam Summer Camp Waiver Form**

As the parent guardian of the child listed below, I hereby authorize the student(s) to participate in all MACO- Al Salam Summer Camp activities and field trips. I assume full responsibility for any injuries or damages, which may occur to these students(s), in, on or about the premises of the said institution, or arising out of its activities, and do hereby fully and forever release and discharge MACO, its trustees, its Summer Camp, and all associated with it, including teachers, administrators, and volunteers, from any and all claims, demands, rights of action, or causes of action, present or future, whether same, be known, anticipated or unanticipated, resulting from the activities mentioned above. I further grant permission to provide emergency first-aid and/or hospitalization to the student(s) listed below in case of injury or illness as deemed appropriate by the school or a physician. Any medical expenses incurred for medical treatment shall be my responsibility.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

**EMERGENCY INFORMATION**

Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medical insurance co: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_  
Doctor's Phone: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Policy #: \_\_\_\_\_

# MACO- Al Salam Summer Camp Enrollment Agreement

## TERMS AND CONDITIONS

I understand that my obligation to pay the fee of \$\_\_\_\_\_ per child, for the entire summer camp period, is unconditional and that **no portion** of the fees paid or outstanding **will be refunded or canceled** in the event of absence, withdrawal or dismissal from the MACO-Al Salam of the above student. I can either complete a credit card authorization form that will allow a debit of \$ \_\_\_\_\_ or I can provide the office with a check in the amount agreed upon above.

\_\_\_\_\_ (Initial)

I understand that in signing this Enrollment Agreement for the coming summer camp period, the parties hereto agree that the program makes all policies regarding operational and education matters, and the rules concerning payment of fees as stated above.

\_\_\_\_\_ (Initial)

Unless notified in writing, I understand that the school may use my child's picture or his or her likeness in its brochure and advertising materials without any monetary compensation. I hereby give permission to the MACO- Al Salam Summer Camp to seek emergency medical treatment for my child in case I cannot be contacted by phone. All expenses for such treatment are the responsibility of the parents.

\_\_\_\_\_ (Initial)

*Child must be picked up on time 3pm.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Credit Card Authorization Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Tel: \_\_\_\_\_

I hereby authorize the Moroccan American Community Organization (MACO) to charge my credit card (VISA, MasterCard, and American Express)

For \$\_\_\_\_\_ onetime \$\_\_\_\_\_ my child\_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ CVC \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_