

# ISLAMIC CENTER OF AMERICA

## Madrasatu Ahlis Sunnah

215 North Oraton Parkway

East Orange, N.J. 07017

(973) 672-6690

www.thesunnah.org/school



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# Let The Sunnah Go Forth

## 2025 Summer Camp Application

July 6th – August 28th, 2025 | 8:00 AM – 4:30 PM

Madrasatu Ahlis Sunnah

215 N Oraton Pkwy, East Orange, NJ 07017

Child's Name: \_\_\_\_\_ Female  Male

Date of Birth: \_\_\_\_\_ [MM/DD/YYYY] Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

### Mother's Contact Information

Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Father's Contact Information

Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Pick-Up Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency Information**

(Please list known allergies, including medication)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

**Parent/Guardian Agreement Statement**

By signing this application, I affirm that my child is physically, mentally, and morally fit to participate in the Let The Sunnah Go Forth 2025 Summer Camp. I agree to place my child under the care and supervision of the summer program staff and understand that my child will be subject to all camp rules and guidelines. I permit my child to participate in all program activities, including field trips. In the event of a medical emergency where I cannot be reached, I authorize the camp staff to seek appropriate medical treatment from a licensed physician. I understand that tuition is payable in two installments, due on June 30th and July 30th, 2025, inshaa'Allah. I acknowledge that failure to make timely tuition payments may result in my child's immediate dismissal from the program. I agree to the terms stated above.

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

\_\_\_\_\_  
**Date**