Manassas Muslim Association Educating, Enlightening, Empowering Our Next Generation

HIFZ FULL TIME (BOYS) APPLICATION FOR ADMISSION

STUDENT ID: **APPLICATION DATE:**

For official use only

COMPLETE application form and FULL payment is required to process the registration.

INCOMPLETE applications WILL NOT be processed.

FOR BOYS AGES 7 YEARS & UP



NOTE: Any field highlighted in red below is a "required" field and must be filled to have a complete form. You can save the form once filled on your local computer and send it via email at info@manassasmuslims.org. Please provide complete and accurate information to avoid any delays in processing.

SECTION I: STUDENT INFORMATION LAST NAME: FIRST NAME: MI ADDRESS 1 (House Number, Street Name): CITY: STATE: ZIP / POSTAL CODE: HOME/CELL PHONE NUMBER: Ex: 703-123-1234 ALTERNATE PHONE NUMBER: Ex: 703-123-1234 **SCHOOL GRADE** GENDER: AGE In years DOB: Format: MM/DD/YYYY **SECTION II. PARENTS INFORMATION** FATHER'S LAST NAME: FATHER'S FIRST NAME: FATHER'S E-MAIL ADDRESS: Ex: sample@gm WORK NUMBER: Ex: 703-123-1234 CELL NUMBER: Ex: 703-123-1234 MOTHER'S FIRST NAME: MOTHERS LAST NAME: MOTHERS E-MAIL ADDRESS: Ex: sample@gmail.com WORK NUMBER: **CELL NUMBER:** Section III. Emergency Information **EMERGENCY CONTACT LAST NAME: EMERGENCY CONTACT FIRST NAME:** PHONE NUMBER: Ex: 703-123-1234 ALTERNATE PHONE NUMBER: SECTION IV. ALLERGY/MEDICAL CONDITION/SPECIAL NEEDS INFORMATION (PLEASE LIST ANY AND ALL BELOW)

SECTION V. FEES AND METHOD OF PAYMENT (ALL FEES MUST BE PAID IN ADVANCE AT THE START OF EACH MONTH)

Fees: \$400 per month per student with homeschooling | \$300 without home schooling payable to Manassas Muslim Association by the 1st of each month

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f you select the Credit Card option, you can either provide the info below o		rocess the credit card	d monthly payment.		
☐ Void Check for direct deposit ☐ Credit Card: ☐ Visa	MasterCard	Discover	er AMEX		
Credit Card #:	CV Code	Ex	piration Da <u>te (MM - YYYY):</u>		
Name as appear on the card:					
No Cash Payment Complete application form and full paymen	t is required to process the reg	istration. Incomplet	e applications will not be		
processed. Please note that Fit		•	···		
SECTION VI. SIBLING (#1) INFORMATION (IF APPLICABLE,)	STUDE	NT ID:		
			For official use only		
LAST NAME:	FIRST NAME:		MI		
SCHOOL GRADE AGE In years D O B: Format: MM/DD/YYYY		GENDE	R:		
		M	ALE FEMALE		
ALLERGY INFORMATION (IF APPLICABLE)					
SECTION VI. SIBLING (#2) INFORMATION (IF APPLICABLE,)	STUDE	NT ID: For official use only		
LAST NAME:	FIRST NAME:		MI		
SCHOOL GRADE AGE In years D O B: Format: MM/DD/YYYY		GENDE	D.		
SCHOOL GRADE AGE W/S DOB. Format: MINI/DU/TTT]		ALE FEMALE		
			TEL TELVITIEE		
ALLERGY INFORMATION (IF APPLICABLE)					
SECTION VI. SIBLING (#3) INFORMATION (IF APPLICABLE,)	STUDE	NT ID:		
			For official use only		
LAST NAME:	FIRST NAME:		MI		
SCHOOL GRADE AGE In years D O B: Format: MM/DD/YYYY		GENDE	R:		
		M	ALE FEMALE		
ALLERGY INFORMATION (IF APPLICABLE)					

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ALL PARENTS MUST READ AND ACKNOWLEDGE THE MMA HIFZ PROGRAM RULES

SECTION VII. HIFZ PROGRAM FULL TIME BOYS PROGRAM RULES

The Rules in this section are critical for the development and implementation of a quality education system with shared responsibilities between Parents, Teachers and MMA Administration.

Hifz Program School Rules are as below MUST be followed at all times:

- Hifz Program is for kids (Boys Only) 7 years and above.
- Schedule: Mon Thu: Hifz 7:00 AM 1:30 PM & Homeschooling 1:45 PM 4:30 PM | Fri: Hifz only 7:00 AM 12:00 PM
- Students (Boys Only) MUST be in class at 7:00 AM. NO DELAYS PLEASE.
- All FEES MUST be paid in advance at the start of the month.
- Please disclose any special need(s) and/or medical condition(s) of the student to avoid any issues and prompt action if needed.
- Parents MUST follow the parking rules when dropping off and picking up students.
- All parents MUST be punctual in dropping off and picking up students ON TIME without delay.
- Parents will be charged a late pickup fee of \$10 for first 5 minutes and \$1 a minute thereof (unless notified in advance).
- All parents MUST ensure that the students are following the cleanliness and dress code for reciting the Holy Quran as below:
 - o All Boys Must have a kufi and dress, such as thobe, shalwar kameez or shirt/pants
 - NO SHORTS or SHORT PANTS
 - o Have performed wudu
 - Are not wearing clothing with pictures of living creatures (not allowed)
- Parents are not allowed to sit in during the class.
- Inclement Weather: Please follow the Prince William County School Advisory for school closure. If PWCS weekend actives are cancelled, MMA Sunday School will also be closed.

PLEASE SIGN AND ACKNOWLEDGE

1.	I,	, recognize that the purpose of the
	information submitted in this application is to evaluate n	ny student(s) eligibility for enrollment
	into MMA Hifz Full Time Program.	
2.	l,	, have read and understood the rules
	in "SECTION VII. MMA HIFZ PROGRAM FULL TI	IME BOYS PROGRAM RULES". I,
	, acknowledge of	and agree to abide by these rules at all
	times to ensure the safety and security of the student(s) an	nd protect the interest of MMA.
3.	I,	, authorize MMA to deduct the
	payments from my Credit card or Bank Account as per the	agreed upon schedule.

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SIGNATURE OF PARENT GAURDIAN	NAME OF PERSON SIGNING	RELATIONSHIP TO STUDENT(S)	DATE:
	red" field and must be filled to have a complete f n. Incomplete forms will not be processed and ma		
	FOR OFFICE US Parents should not fill anything		
	Furents should not jill driything	in this section below.	
STUDENT ID:	S ⁻	TARTING DATE:	
LEVEL: BASIC	INTERMEDIATE	ADVANC	E
PAYMENT SCHEDULE:		EMI-ANNUAL A	NNUAL
VOID Check or Credit Card is Inc	luded for Monthly Payment Mode	YES	○ NO
Application Ac	ccepted by	Application Re	ceived on