Manassas Muslim Association Educating, Enlightening, Empowering Our Next Generation

SUNDAY SCHOOL 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.

Sun - 10:30 AM - 1:30 PM | Boys & Girls Ages 4 - 6 years old

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 AGE In years D O B: Format: MM/DD/YYYY	GENDER:	
	Male Female	
SECTION II. PARENTS INFORMATION		
	FATHERIS FIRST NAME.	N 41
FATHER'S LAST NAME:	FATHER'S FIRST NAME:	MI
FATHER'S E-MAIL ADDRESS: Ex: sample@gmail.com		
FATHER'S E-IVIAIL ADDRESS. Ex. sumple wyman.com		
WORK NUMBERS STORY	CELL NUMBER: Ex: 703-123-1234	
WORK NUMBER: Ex: 703-123-1234	CELL NOIVIBER. EX: 703-123-1234	
MOTHERS LAST NAME.	MOTHER'S FIRST NAME:	N 41
MOTHERS LAST NAME:	WOTHER S FIRST NAIVE.	MI
MOTHERS E-MAIL ADDRESS: Ex: sample@gmail.com		
NIOTHERS E-MAIL ADDRESS: Ex. sumpre/gradu.com		
WORK NUMBER:	CELL NUMBER:	
WORK NOWBER.	CELL NOWIDEN.	
SECTION III. EMERGENCY INFORMATION		
EMERGENCY CONTACT LAST NAME:	EMERGENCY CONTACT FIRST NAME:	MI
PHONE NUMBER: Ex: 703-123-1234	ALTERNATE PHONE NUMBER:	
SECTION IV ALLEDGY/MEDICAL CONDITION/SOCIAL M	IFFDC INFORMATION (DIFACE LICT ANIV AND ALL DELCHA	
Section IV. Allergy/Medical Condition/Special N	EEDS 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: \$80 per month per student payable to Manassas Muslim Association by the 1st of each month | Sibling discount is available.

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MMA will only accept credit card or direct deposit for the fees. No cash payment will be accepted. If you select the Credit Card option, you can either provide the info below or call us at (703) 962-7477 to process the credit card monthly payment. Void Check for direct deposit Credit Card: Visa MasterCard Discover AMEX Credit Card #: **CV Code** Expiration Date (MM - YYYY): Name as appear on the Credit Card: No Cash Payment | Complete application form and full payment is required to process the registration. Incomplete applications will not be processed. Please note that Financial Assistance is available on request. **SECTION VI. SIBLING (#1) INFORMATION (IF APPLICABLE)** STUDENT ID: For official use only LAST NAME: FIRST NAME: ΜI SCHOOL GRADE AGE In years DOB: Format: MM/DD/YYYY GENDER: MALE **FEMALE ALLERGY INFORMATION (IF APPLICABLE) SECTION VI. SIBLING (#2) INFORMATION (IF APPLICABLE) STUDENT ID:** For official use only LAST NAME: FIRST NAME: AGE In years SCHOOL GRADE GENDER: DOB: Format: MM/DD/YYYY MALE **FEMALE ALLERGY INFORMATION (IF APPLICABLE) SECTION VI. SIBLING (#3) INFORMATION (IF APPLICABLE) STUDENT ID:** For official use only LAST NAME: FIRST NAME: SCHOOL GRADE GENDER: AGE In years DOB: Format: MM/DD/YYYY **FEMALE** MALE **ALLERGY INFORMATION (IF APPLICABLE)**

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ALL PARENTS MUST READ AND ACKNOWLEDGE THE MMA MAKTAB RULES

SECTION VII. SUNDAY SCHOOL 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. Additionally some of these rules are "MANDATORY REQUIREMENTS" that MMA has to abide by as part of the "Proffers" associated with our Zoning and Special Use permit. Failure to abide by these rules can jeopardize the organization and can result in fines and citations from the City of Manassas. Any costs, plus any administrative fees, associated with any fines or citations issues by the City of Manassas will be passed directly to the violator.

- Sunday school is for boys and girls 4 6 years old.
- Schedule: Sunday 10:30 am to 1:30 pm
- Location: 9059 Euclid Avenue, Manassas, VA 20110
- FEES: \$80 per month per kid [sibling discount is available]
- All FEES MUST be paid via Automatic Bank Withdrawal or Credit Card to Avoid Additional Administrative overhead.
- ALL FEES will be deducted from Credit Card or Bank Account at the start of every month or Semester or School year, based on the plan selected by the parents.
- All parents MUST be punctual in dropping off and picking up children 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).
- Parents are not allowed to sit in during the class. Volunteers are welcome.
- Parents MUST follow the parking rules when dropping off and Picking up kids.
- ALL PARENTS/GAURDIANS MUST:

o When DROPPING off:

- Park their vehicles and walk the children into the building
- Sign their kids in when dropping them off

o When PICKING up:

- Park their vehicles and walk into the building to pick their children
- Sign the Kids off when leaving the building

O DO NOT BLOCK THE ENTRANCE OF THE BUILDING OR THE ROAD

- All parents MUST ensure that their children are following the cleanliness and dress code for reciting the Holy Quran as below:
 - o Have performed wudu
 - o Clean and proper clothes
 - o Boys should be encouraged to wear a kufi and MUST dress, such as; thobe, shalwar kameez or shirt/pants NO SHORTS
 - o Girls Must have a head cover and a full sleeves dress, such as; abayah, jilbab, shalwar kameez
- Clothing with pictures of living creatures is NOT PERMITTED.
- Homework MUST be completed before coming to class.
- These rules MUST be followed at all times.

PLEASE SIGN AND ACKNOWLEDGE

1.	l,	, recognize that the purpose of the information submitted in this
	application is to evaluate my student(s) eligibility for	or enrollment into MMA Sunday School Program.
2.	l,	, have read and understood the rules in "SECTION VII. MMA
	SUNDAY SCHOOL PROGRAM ". I,	, acknowledge and agree to abide by these rules at all
	times to ensure the safety and security of the student	:(s) and protect the interest of MMA.
3.	l,	, authorize MMA to deduct the payments from my Credit card or
	Bank Account as per the gareed 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 g. Incomplete forms will not be processed and n	-	
	FOR OFFICE US		
STUDENT ID:		STARTING DATE:	
LEVEL: BASIC	○ INTERMEDIATE	○ ADVA	NCE
PAYMENT SCHEDULE:	○ MONTHLY ○ S	SEMI-ANNUAL) ANNUAL
VOID Check or Credit Card is Inc	cluded for Monthly Payment Mode	YES	○ NO
	ccepted by	Angliaskian	Received on