



## Salam Academy Summer Program Application Form

### Student(s) Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent Information - Parent 1

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Parent Information - Parent 2 (Optional)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Select which Session or Weeks your student(s) will be attending:

- |  |    |                                 |                                 |
|--|----|---------------------------------|---------------------------------|
| <input type="checkbox"/> Session 1 (Weeks 1-4) | or | <input type="checkbox"/> Week 1 | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Session 2 (Weeks 5-8) |    | <input type="checkbox"/> Week 2 | <input type="checkbox"/> Week 6 |
|  |    | <input type="checkbox"/> Week 3 | <input type="checkbox"/> Week 7 |
|  |    | <input type="checkbox"/> Week 4 | <input type="checkbox"/> Week 8 |

I am interested in Before/After Care or Child care.

Explain here:

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8015 Mountain Road Place NE • Albuquerque NM 87110  
Phone: 505-888-7688 • Fax: 505-888-7646 • Email: questions@salamacademy.org



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## CLASSROOM DISMISSAL AND EMERGENCY CONTACT INFORMATION

STUDENT NAME(S) \_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE (MOTHER): \_\_\_\_\_

CELL PHONE (FATHER): \_\_\_\_\_

FOOD ALLERGIES:  
\_\_\_\_\_

MEDICAL CONCERNS:  
\_\_\_\_\_

HOW WILL YOUR CHILD ARRIVE AND LEAVE SCHOOL? \_\_\_\_\_

—

—

LIST **ALL** AUTHORIZED PERSONS WHO MAY BE PICKING UP YOUR CHILD FROM SCHOOL:

—

—

—

EMERGENCY CONTACTS:

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

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NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INFORMATION:

\_\_\_\_\_

\_\_\_\_\_

—

\_\_\_\_\_

—

## Payment Form

This Automatic Monthly Withdrawal form is used for authorizing Salam Academy, Inc. to withdraw monthly tuition from your account each month. Please complete all sections.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Student Name(s) \_\_\_\_\_

### Payment Method – Select One

**Bank Account** - Automatic Payment – Please attach a voided check

Bank Name \_\_\_\_\_

Routing # (9 digits) \_\_\_\_\_ Account # (10 digits) \_\_\_\_\_

I hereby authorize and request Salam Academy, Inc. to make monthly/weekly withdrawals in the amount listed above by initiating debit entries for monthly tuition in the amount of \_\_\_\_\_ to my account indicated on the

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voided check provided, and I hereby authorize and request \_\_\_\_\_ to accept my debit entries initiated by Salam Academy Inc. to such account. It is understood that this agreement may be terminated by me at any time by written notification (with signature and date) to Salam Academy Inc. Any notification to Salam Academy Inc. shall be effective with respect to Salam Academy Inc. after receipt of such notification and a reasonable opportunity to act on it. Signed \_\_\_\_\_ Date \_\_\_\_\_

**Credit/Debit Card** - Type of Card (MC/Visa/AmEx) \_\_\_\_\_

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date(mm/yy) \_\_\_\_\_ Security Code \_\_\_\_\_

I hereby authorize and request Salam Academy, Inc. to charge my credit card in the amount of \$\_\_\_\_\_ for the monthly tuition for my children each month. It is understood that this agreement may be terminated by me at any time by written notification (with signature and date) to Salam Academy Inc. Any notification to Salam Academy Inc. shall be effective with respect to Salam Academy Inc. after receipt of such notification and a reasonable opportunity to act on it. Signed \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_