

To Register: Complete the attached form and return to the IFS main office.

Deadline to register current SL students: **May 14, 2018**

For more information:

- **Call: (630) 941-8800**
Ext. 2080
- **Email: hsiddiqui@ifsvp.org**

Fees:

Each student's fees for the Sacred Link Dual Hifz summer session is \$500. Payment are accepted via check at the IFS Main Office or can be made through an existing FACTS account. For questions about FACTS, please contact Br. Muzammil Qurashi at ext. 1044

Please understand that registering for this program does NOT guarantee your child's acceptance into the IFS Sacred Link Program unless criteria is met.

Sacred Link Hifz Program Summer Session 2018

SL Full-Time Hifz Program

June 25 – August 3, 2018

Monday - Friday

8:00 A.M. - 3:30 P.M.

School closed on July 4th

SL Dual-Hifz Program

June 25 – August 2, 2018

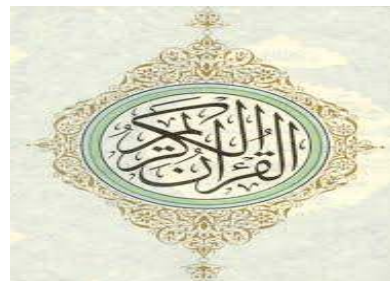
Monday – Thursday

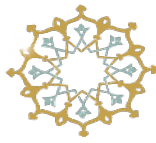
8:00 A.M. – 12:00 P.M.

**For an additional \$7 per hour, Dual Hifz students can stay
From 12 – 4 PM**

School closed on July 4th

With the feedback from parents and teachers, we have enhanced the Sacred Link Hifz Programs to continue through Summer break. This program is required for returning and new students who will be joining the Sacred Link Dual-Hifz or Full-Time Hifz Program in the 2018-2019 school year. Exceptions may be made if students are registered in an alternate Hifz program, which needs to be pre-approved by administration. Administration will provide an evaluation of the student's progress and provide a recommendation for the next academic year.





**Sacred Link Summer Session 2018
REGISTRATION FORM**

*Please fill out the form below:
One form per student*

Registering for (mark one)	<input type="checkbox"/> Full Time Hifz Program	<input type="checkbox"/> Dual Hifz Program
Parent/Guardian Name and Relationship		
Charge my existing FACTS account: <input type="checkbox"/> Yes <input type="checkbox"/> No	First and Last Name of FACTS Account Holder _____	
Address		
	City:	Zip:
Home Phone		
Cell Phone		
Work Phone		
Parent Name (Father)		
Address		
	City:	Zip:
Home Phone		
Cell Phone		
Work Phone		
Emergency Contact #1	Name:	Number:
Emergency Contact #2	Name:	Number:
Full Name of Student		Age
Medical Concerns/Allergies		

Medications	
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Parent Agreement Form

I, _____, the parent/guardian signed above, understand that my child is expected to abide by all rules and policies administered to him/her during the Sacred Link Summer Session. I understand that Islamic Foundation/Islamic Foundation School is NOT responsible for our child(ren) named above, for the time outside the summer camp timings. I understand that Islamic Foundation/Islamic Foundation School may call emergency medical services if parent/guardian cannot be reached. I also understand that this session may be canceled due to insufficient enrollment.

Parent Signature:	Date:
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