



Al Huda Academy

5104 Revere Road,
Durham, NC 27713
(919) 572-9500

WWW.ALHUDAACADEMY.NET



SUMMER CAMP 2016 REGISTRATION FORM

Date: _____ Session 1: June 6 – July 1 Session 2: July 11 – August 5

Last Name First Name Middle Name

Grade (2016-2017 SY) Date of Birth

Home Address:

Sex

Parent/Legal Guardian:

Name _____ Employer _____

Home Phone _____ Cell Phone _____ E-mail _____

Parent/Legal Guardian:

Name _____ Employer _____

Home Phone _____ Cell Phone _____ E-mail _____

Please list the people you would like to be notified in case of emergency, including a local contact.

Name Address Phone Relationship

Name Address Phone Relationship

I/We hereby request the student named above be released from school, at times other than normal dismissal times only to persons listed below. I/We understand the school will respond to only WRITTEN requests as per this Form. Any changes to the form need to be written and submitted to the school administration.

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Medical problems, medication needs, allergies etc. Yes / No

(Please Specify) _____