



MUSLIMS ON LONG ISLAND, INC.

MASJID AL-BAQI

320 Central Ave, Bethpage, NY 11714 | Tel: (516) 433 4141

Application for 5 PM to 7 PM MAKTAB/Quran Class (Monday-Friday)

*Mandatory

Child 1: _____ Gender: M / F *Date of Birth: _____
First Name MI Last Name

Child 2: _____ Gender: M / F *Date of Birth: _____
First Name MI Last Name

Child 3: _____ Gender: M / F *Date of Birth: _____
First Name MI Last Name

Child 4: _____ Gender: M / F *Date of Birth: _____
First Name MI Last Name

Allergies (any child): _____

*Address: _____
Street City State & Zip

*Contact: _____
*Parents Cell Home Tel Emergency

Email: _____

Father's Official Name: _____

Mother's Official Name: _____

Guardian Official Name (if other than father/mother): _____

Statement and Consent of Parent/Guardian

I, _____, pledge and promise that I will do my utmost in fulfilling my
(Official name of applicant's parent/guardian)
responsibilities of supervising, educating and supporting the applicant in having him/her follow and obey all the rules and regulations of Muslims On Long Island, Inc. I also fully realize, understand, and accept that the applicant can be reprimanded, suspended or expelled at any time, for any or no reason whatsoever that the administration decides.

I hereby additionally consent that my son(s)/daughter(s) admission to Muslims On Long Island, Inc. for participation in all Muslims On Long Island, Inc. activities and hereby execute this AGREEMENT, WAIVER AND RELEASE on their behalf and discharge any and all claims for damages for personal injury, death, or property damage, mental or emotional harm of any kind which they may have or may hereafter accrue to them as result of participation in said activities, except for gross negligence as defined by law. This release is intended to discharge in advance Muslims On Long Island, Inc. (its employees, volunteers and agents) from any and all liability arising out of or connected in any way with their participation in said activities. It is further agreed that this waiver & release is to be binding on them

Page 2 continued...

and assignees. I agree to indemnify and to hold Muslims On Long Island, Inc. (its employees, volunteers and agents) free and harmless for any loss, liability, cost, or expense incurred as result of their death or any injury or property damage that may sustain while at the premises of Muslims On Long Island, Inc. and while participating in programs and activities. I HAVE CAREFULLY READ THIS AGREEMENT AND WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A LEGALLY BINDING AGREEMENT AND A RELEASE OF LIABILITY, A LEGALLY BINDING CONTRACT BETWEEN Muslims On Long Island, Inc. AND ME AND MY CHILD(ren) (ALSO KNOWN AS THE STUDENT). I SIGN IT OF MY FREE WILL.

(Parents/guardian official name)

(Signature)

(Date)

Fees

We have strived hard to improvise our services. 2 years ago we introduced Islamic Studies. We have many more changes coming along the way. To pay for the ongoing operating expenses and salary to our 8 Teachers of the Maktab Program, each student will be charged a monthly fee. There will be additional fees for Books & Supplies, and parents will be informed when needed.

Fees structure is as follows:

1 Child: \$65/student	2 Children: \$60/student	3 Children: \$55/student	4 or more children: \$50 /student
Cash/Check Payment: 6 Months Advance – 5% off monthly fees		Cash/Check payment: 1 year advance: 10% off monthly fees	

In case of a financial difficulty in paying above amount please fill up another form citing details of financial hardship. Please contact Maktab Co-ordinator Mufti Adnaan Lunat at (347)348-5309.

Please complete the authorization below for automatic withdrawal of the monthly fee for your child(ren).

Payment Options

Option 1 (ACH Bank Account):

I/We, _____ authorize _____ to transfer on ____ of each month starting from __/__/__ \$_____ (_____) out of my checking / savings account # _____ and routing transit # _____ to Muslims On Long Island, Inc., until I/we cancel.

Signature: _____ Date: _____
Account Holder I Account Holder II

Option 2 (Credit Card):

Type: [] Visa [] MC [] Amex

Card #: _____ Expiry : __/____ CVV: _____

Signature to Authorize charge on the Card: _____

Option 3 : Check (Yearly or 6 Months only) Choose : Yearly/Six Months

Option 4: Cash (Yearly or 6 Months only) Choose : Yearly/Six Months