



Islamic Community Center Since 1999

## School Registration Form

Date of Registration: \_\_\_\_\_

### Parent Information

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email (upper case): \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Cell #: \_\_\_\_\_ Email (upper case): \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip code*

### Student Information

No	First & Last Name	New	M/F	Date of Birth	Grade
1					
2					
3					
4					
5					

### School Programs (ages 5 to 13)

**Weekdays Courses**

Monday to Thursday 5:30PM to 7:30PM

- Mastery of Qaida Noorani to reading of Al Qur'an
- Islamic Studies
- Memorization of the entire Qur'an with Tajweed
- Tuition **\$60/month** for each student

**Note: Onetime fee is \$300 for one academic year. This fee will be anytime in the year.**

**Saturday School: 1:30PM to 4:30PM**

- Tuition \$40/month for each student

**Note: Onetime fee is \$200 for one academic year. This fee will be anytime in the year.**



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**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Health Information:**

Injuries/illness: \_\_\_\_\_ Medical Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication(s) and frequency: \_\_\_\_\_

**Terms and Agreement: Please READ and SIGN**

I, \_\_\_\_\_ the undersigned, am the parent/legal guardian of the aforementioned student(s) and requesting admittance to MC School. Furthermore, each student being enrolled is in good health, and does not suffer from any illness; disability or condition that requires the taking of medication on a regular basis and any such condition is disclosed to and is accepted by the school administration.

I also understand that there is no reason that each student on this form cannot or should not participate in eventful practice or play.

I, \_\_\_\_\_ the undersigned, hereby expressly agree to be responsible for any medical bills incurred in the treatment of any illness or accident of the mentioned student. In the event of any such accident or injury.

I hereby give my full consent to allowing the MC School Administration and MC staff to act upon any medical treatment deemed necessary and advisable on behalf of my child. I understand that, as a condition of admittance of each student, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant(s), hereby release; the MC School, Staff, Members of the School, and Administration, from all and any liability resulting from injury or illness, mental or physical, suffered by the student during or related to the school year.

I, \_\_\_\_\_ the legal parent/guardian of \_\_\_\_\_ have read and understood the above and acknowledge and accept full responsibility as described above.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Month	Jan	Feb	March	April	May	June	July	August	Sep	Oct	Nov	Dec
Payment												
Date												
Signature												

Amount: \$ \_\_\_\_\_ (Date) \_\_\_\_\_ By: Cash - Check - Card (circle one)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_