



## WEEKEND ISLAMIC SCHOOL REGISTRATION FORM

### FAMILY INFORMATION

Check Only if New Family

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Mother  Father  Guardian

Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### STUDENT INFORMATION

No.	Student Name		New Y/N	Sex M/F	Date Of Birth	For Office Use	
	First	Last				Quran	Islamic Studies
1							
2							
3							
4							
5							

TUITION		SEMESTER	
Number of Students	Amount Due	Please check one	
1	<input type="checkbox"/> \$180.00	FALL	<input type="checkbox"/>
2	<input type="checkbox"/> \$270.00	SPRING	<input type="checkbox"/>
3 or more	<input type="checkbox"/> \$360.00	FULL YEAR PAYMENT OPTION	<input type="checkbox"/>
<b>Donation for School</b>	\$ _____	Note: Admission will be honored based on availability.	
<b>New Family Application Fee</b>	<input type="checkbox"/> \$25.00		
<b>TOTAL DUE</b>	\$ _____		

**INSTRUCTIONS: PLEASE MAKE CHECKS PAYABLE TO “ICM” AND WRITE YOUR PHONE NUMBER ON THE CHECK.**

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

School Administrator Signature \_\_\_\_\_ Date Received \_\_\_\_\_

Payment Received: \$      Payment Balance: \$       Cash     Check #       Scholarship

Data Entry:                       Payment Entry:

Parents willing to enroll their children are encouraged to fill the registration form and return it to the ICM OFFICE or to the Principal's office within the first two weeks of the semester.

In the event of a cancellation due to inclement weather, ICM School Administration will make the decision to cancel the classes. Cancellation of classes will be coordinated with the ICM School Principal. If the weather deteriorates during the day the classes may be canceled. Parents will be notified when possible, and cancellations will be posted on the ICM WEBSITE. Parents are encouraged to check the website or call ICM before leaving home, when weather conditions are questionable.

**Emergency Contact Information:**

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

Health Information:

Injuries/illness: \_\_\_\_\_

Medication and frequency: \_\_\_\_\_

Special Instruction: Please READ and SIGN.

I, the undersigned, am the parent/legal guardian of the aforementioned child / children and requesting admittance to ICM Sunday 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 vigorous 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 said STUDENT. In the event of any such accident or injury, I hereby give my full consent to allowing the ICM School Administration and ICM staff to procure 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 ICM Sunday School and its Staff and Principal, all and every member of School and ICM Staff, and the Instructors 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 understand the above and acknowledge and accept full responsibility as described above.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_