

## 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: \_\_\_\_\_  
 (Write in **UPPER** case)

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		SESSION CHOICE	
Number of Students	Amount Due	Please check one		Please check one	
1	<input type="checkbox"/> \$155.00				
2	<input type="checkbox"/> \$235.00	FALL 2011	<input type="checkbox"/>	Sunday Morning	<input type="checkbox"/>
3 or more	<input type="checkbox"/> \$315.00	SPRING 2012	<input type="checkbox"/>	[REDACTED]	[REDACTED]
<b>Donation for School</b>	\$ _____				
<b>New Family Application Fee</b>	<input type="checkbox"/> \$25.00	Note: Session choice will be honored based on availability.			
<b>TOTAL DUE</b>	\$ _____				

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

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

Please complete this section to volunteer your time to the ICM Islamic School.

I would like to volunteer the following hours per semester (Please check the appropriate box):

Up to 5                      5 – 10                      10 – 15                      15 or more

Please make sure you provide accurate contact information we will contact you as needed. May ALLAH (SWT) reward you for your time and effort.

**For Office Use Only**

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

Payment Received: \$      Payment Balance: \$       Cash    Check #       CC    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: \_\_\_\_\_