



REGISTRATION FORM

Student Information

Student Name _____

Father's Name _____

Mother's Name _____

Date of Birth ____/____/____ Gender: Male OR Female

School Grade _____ Email: _____

Work Phone _____ Cell Phone: _____

Address: _____

Student Information

Student Name _____

Father's Name _____

Mothers Name _____

Date of Birth ____/____/____ Gender: Male OR Female

School Grade _____ Email: _____

Work Phone _____ Cell Phone: _____

Address: _____



Student Information

Student Name _____

Father's Name _____

Mothers Name _____

Date of Birth ____/____/____ **Gender:** Male OR Female

School Grade _____ **Email:** _____

Work Phone _____ **Cell Phone:** _____

Address:

IN CASE OF EMERGENCY

(List someone other than parents)

Name _____

Relationship _____ **Phone Number** _____

Name _____

Relationship _____ **Phone Number** _____

STUDENT'S GENERAL PHYSICIAN

Name _____ **Phone Number** _____



Additional Information

I would like to participate in the following services at the school in fulfillment of my family's service obligation (Check one or more):

Supervise children (on arrival, departure, and during breaks)

Organizing and cleaning Masjid facilities

Signature _____

Date: _____

I, the undersigned, agree to release and hold harmless WCIC Sunday School, Darulislam Masjid Inc. and its board of trustees, executive committee, employees, and/or volunteers, from any claim, demand or cause of action for accident, illness, injury to my child/children, or for damage to her/his personal property or others' property which arises out of or is in any way connected with WCIC Sunday School.

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for Darulislam Sunday School to photograph my child for school purposes and/or at school events.

No, I do not authorize Darulislam Sunday School to photograph for my child for any event.

Parent Name: _____

Parent Signature: _____ Date: _____

Fees per Semester

One child: \$100 per semester

Two children: \$150 per semester

Three children: \$200 per semester

Four children: \$250 per semester

** Note **

1. \$50 increment per extra child
2. School Fees are non-refundable