

ISLAMIC CENTER OF MORRIS COUNTY

Islamic Weekend School

Registration Form

School Year: 2009-2010

For OFFICE use only:	
Date Regd.: _____	
Level Assigned: _____	

PART A: PARENT INFORMATION: Please use UPPER CASE only. Write legibly.

Father's Name: _____

Mother's Name: _____

Address: _____

City _____ St _____ Zip _____ - _____

Phone # (Home): _____ **Cell (Emergency):** _____

Email Address: _____

PART B: STUDENT INFORMATION as of September 2009: Please use UPPER CASE only.

Name: _____	Male ___ Female ___	Age: ___ Yrs ___ Mon	Office Use
Years of Previous Weekend School (if any) _____	Date of Birth: ___/___/___	Regular School Grade (in Sep): _____	
Any Medical Conditions/Allergies: _____			
Name: _____	Male ___ Female ___	Age: ___ Yrs ___ Mon	Office Use
Years of Previous Weekend School (if any) _____	Date of Birth: ___/___/___	Regular School Grade (in Sep): _____	
Any Medical Conditions/Allergies: _____			
Name: _____	Male ___ Female ___	Age: ___ Yrs ___ Mon	Office Use
Years of Previous Weekend School (if any) _____	Date of Birth: ___/___/___	Regular School Grade (in Sep): _____	
Any Medical Conditions/Allergies: _____			

Weekend School Annual Tuition: 1st child: \$240.00; 2nd child: \$160.00; 3rd child: \$120.00, 4th FREE.

All fees are non-refundable.

Make checks payable to: ICMC; in memo writes " **School: Name of Student(s)**".

PART C: FOR OFFICE USE ONLY

	Amount Due	Payment Cash/Check#	Balance Due	Comments Follow-up action items
Tuition				
Books for Grades: (Write Grades below.)	Quantity			
Donation to ICMC				
TOTAL				