Islamic Center of Fayetteville, NC

Weekend Islamic School

Registration Form

Fall Semester 2022

Office use only

Name of student(s):

_____

Grade(s):_____

Registration Date:

_____

Section I: Student information

No.	Student's Name (Last) (First)	Nick Name	Date of Birth (YYYY/MM/DD	Gender M/F	Public School Grade	Allergies
1.						
2.						
3.						
4.						
5.						

Optional: How would you rate your child's ability at:
Quran Recitation: Beginner Fair Good Excellent
Arabic Language: Beginner FairGood Excellent
Islamic Studies: Beginner FairGood Excellent

Section II: Family Information

Parent's information:

Name (first & last)	Contact information	Home address with city & zip code
	Phone: Email:	
	Phone:	

	Email:	

Section III: Tuition

Tuition and Fees	

Tuition& Fees for this fall'ssemester (Oct 30-Dec 18 arewaived). Please donate.

One child	Waived
Two children	Waived
Three children	Waived
Four children	Waived
Five Children	Waived

Limits of liability/disclaimer: As a condition of participation in any of the school or masjid activity, I agree to assume the risk of injury for my children, arising from use of the facilities, programs and equipment. I hereby waive the school and Masjid, it officers, board, agents and volunteers and contractors harmless from all claims of injury or damage, however it may be caused.

Parent name (first and last)_____ Application Date: _____
Parent Signature: _____

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Registration completed and signed ____ Tuition fee paid _____
A copy of Birth certificate submitted ____
A copy of health insurance card submitted _____

Signed contract agreement received on: _____
Signed contract agreement received by: _____
Comments:_____
_____
_____
_____
_____