**Registration Form for 2018-2019 School Year**

**(Sunday, August 25, 2018 – Sunday, May 20, 2019)**

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY):\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Allergy Concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY):\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Allergy Concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY):\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Allergy Concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No Liability Waiver:** Apex Mosque, Al Ihssan Sunday School, and its Management and Staff assume no responsibility whatsoever for any injury that may occur to students during school session including break time.

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent of student(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledge reception of the Al Ihssan Sunday School No Liability Waiver on \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

For Office Use Only :

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Kids | Total FamilyFullPayments | First Payment Due:**Sep 30 2018** | Second Payment Due:**Feb 4 2019** | Cash /Check | Office use | Staff Half pay | Volunteer1/3Pay |
| 1 | **1. $375.00** | $188.00 | $187.00 |  | Date:\_\_\_/\_\_/\_\_\_\_Sign:-\_\_\_\_\_\_\_\_\_\_\_\_ | $188.00 | $125.00 |
| 2 | **2.$530.00** | $265.00 | $265.00 |  | Date:\_\_\_/\_\_/\_\_\_\_Sign:-\_\_\_\_\_\_\_\_\_\_\_\_ | $265.00 | $178.00 |
| 3 | **3.$630.00** | $315.00 | $315.00 |  | Date:\_\_\_/\_\_/\_\_\_\_Sign:-\_\_\_\_\_\_\_\_\_\_\_\_ | $315.00 | $210.00 |
| 4 | **4.$730.00** | $365.00 | $365.00 |  | Date:\_\_\_/\_\_/\_\_\_\_Sign:-\_\_\_\_\_\_\_\_\_\_\_\_ | $365.00 | $244.00 |

**REGISTRATION FEE NON - REFUNDABLE**