



## AL-IHSSAN AFTER SCHOOL

### Full Time Hifz Quran Program

Registration Form 2020 - 2021

This Form is hereby a contract between AL-IHSSAN SUNDAY SCHOOL and the Parent/Guardian who signs this form.

1<sup>st</sup> Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ M \_\_\_\_\_ F      Age: \_\_\_\_\_      Grade at School: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ M \_\_\_\_\_ F      Age: \_\_\_\_\_      Grade at School: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ M \_\_\_\_\_ F      Age: \_\_\_\_\_      Grade at School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home/work Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home/work Phone: \_\_\_\_\_

### **School Hours:**

Full Time Hifz: Mondays, Wednesdays and Thursdays, 5pm to 7pm.

### **Tuition Fees:**

Monthly Tuitions for academic year 2020 – 2021 (9 months) including registration fees and books is as follows:

# Of Students (Siblings only)	Full Payment Per/Month
1st	\$80
2nd	\$64
3rd	\$56

**Method of Payment:**

- Electronic Payment (ACH)  
Your account will be automatically debited according to your choice of one payment or 9 installments down here.
- Check or Cash.
- Credit or Debit Card (credit card has an added charge of 3.5% of the total amount).

**Please fill in the bubble with your choice:**

- Full Payment.
- 9 Installments.

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**EMERGENCY/PICK UP CONTACT INFORMATION**

I am authorizing the school to allow the following adults to pick up my child(ren) any time without prior notice.

Name: \_\_\_\_\_ relation to child \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ relation to child \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Medical/Special Needs:** I give permission to Al-Ihssan School staff to assist my child with medical/dental needs noted, at my expense, and/or to take immediate emergency action, including ambulance transportation, or obtaining medical treatment, should my child become ill or injured. Medical and Dental Care will be obtained through the above-directed hospital.

\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Date