

ICO Weekend School

New Student Registration Form 2011-2012 / 1432 - 1433 A.H.

All students new to ICO Weekend School must complete a "New Student Registration Form"

Registration Fee: 1 Child \$20 / 2 Children \$40 / 3 Children \$55 / 4 or more Children \$70

Student Information

First Name : _____ MI: _____ Last Name: _____
Address: _____ Apt # _____
City: _____ State: _____ Zip: _____
Gender: Female Male Date of Birth: _____ Age: _____ Grade: _____
Primary Language: _____ Other Language(s): _____
Father's Name: _____
Mother's Name: _____
Home Phone: _____ Email: _____
Father's Cell: _____ Mother's Cell: _____
Father's Work: _____ Mother's Work: _____
Emergency Contact: _____ Phone# _____ Relation: _____
Any medical condition: NO YES Doctor's Name/Phone # _____
Allergies to any specific food or medication: NO YES If yes, specify _____

Child's Arabic reading level: Does not know how to read/write Beginner Intermediate

Child's Quranic reading level: Does not know how to read Beginner Intermediate

Tuition Fee: Due on 1st Sunday of every month

Late Charge: \$10 per month after 2 weeks of grace period Unpaid Return Checks: \$35

1 Child - \$ 20

2 Children - \$ 40

3 Children - \$ 55

4 or more Children - \$ 70

Cost of Books : Varies per grade level

I hereby authorize the ICO Weekend School to take my child to a medical center in the event of emergency in case neither parent / emergency contact can be reached. All the medical bills including Emergency Room, Doctors, Medicines, & Ambulatory Services etc. are the responsibility of the Parents/Guardians. ICO Weekend School or the Masjid is NOT RESPONSIBLE for any occurring medical bills. I agree to pay the tuition fees, registration fee and the cost of the books upon registration and on the due dates promptly. I agree to pay the late charges and the charges for all the unpaid returned checks from the bank.

Parent / Guardian Signature: _____ Date: _____

Office Use Only

Number of children : _____ Date: _____

Paid by Check # _____ Cash: \$ _____ Balance: \$ _____

Received by : _____ FEE Waive: _____

Contacts: Abdullah Padhy 402-500-0843

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