

Registration Form - School Year 2014-2015

Weekend Islamic School

Islamic Center of San Gabriel Valley

19164 E. Walnut Drive North, Rowland Height CA 91748

Date: _____

Please neatly print the information in the boxes below:

Student's Last Name: _____ First Name: _____ Grade in public school: _____

Mother's Name _____ Father's Name _____

Street Address: _____ Apt / Unit # _____ City: _____ ZIP: _____

Phone Numbers, Home: _____ Mobile: _____ Email: _____

Registration Fee:

ICSGV Membership Status: Member or Not a member (Circle One)

First Child: \$400 Second Child: \$350 Third Child: \$300 Fourth Child: \$250

(\$50 Discount for 1st Child for ICSGV Member; Payment plan available with \$10 additional fee.)

PERMISSION AND WAIVER OF ALL CLAIMS AGAINST Islamic Center of San Gabriel Valley

Dear Parents,

Your signature below will give permission for your child to participate in all school activities within the premises of Islamic Center of San Gabriel Valley (ICSGV) or outside activities held in conjunction with Weekend Islamic School. It will also wave all the claims against ICSGV for injury, accident, illness, or death during any such activities.

X _____

Signature of parent, guardian or student 18 years of age or older

CONSENT FOR MEDICAL TREATMENT

Please list any allergy and medications used by your child on a regular basis.

Allergies _____ Medications _____

Your signature below will grant consent to ICSGV to provide all Emergency dental or medical care prescribed by a duly licensed physician (MD), Osteopathy (D.O.) or Dentist (DDS) for the above named student. This care may be given under whatever condition necessary to preserve life, limb or well being of the student.

X _____

Signature of parent, guardian or student 18 years of age or older

Names of Persons Authorized to pick up the child in Emergency

Name: _____ Address: _____ Phone# _____ Driver Lic# _____

Name: _____ Address: _____ Phone# _____ Driver Lic# _____

Contact info of a relative or friend out of California who could be contacted in case of disaster:

Name: _____ Phone# _____

*****FOR OFFICE USE ONLY*****

Grade Admitted _____ Date _____ Admin. Signature: _____

FEE Waive: _____ EXPLANATION OF PMT: See Sibling Application: _____ # of children paid for: _____

Total Amt for Tuition: \$ _____ Total Amt for Books \$ _____ Total \$ (Tuition + Books) _____ Balance: _____

Check # _____ Cashier: _____ Teacher: _____