

المدرسة السنّة الإسلاميّة

MASJID AS-SUNNAH ISLAMIC SCHOOL 2024-2025

REGISTRATION FORM

Family last name: _____

Mother: _____ Father: _____

Guardian: _____

Address: _____ Home Phone: _____ - _____ - _____

Cell/Work Phone (Father): _____ - _____ - _____ Cell/Work Phone (Mother): _____ - _____ - _____

Email (Father): _____ Email (Mother): _____

List all students per family below:

No.	Student Name		New Y/N	Sex M/F	Date of Birth
	First Name	Last Name			
1					
2					
3					
4					
5					

Standard Monthly Tuition:

One student: \$55	Two students: \$95	Three students: \$120
Four students: \$130	Five Students: \$145	

The tuition fee includes 2 slices of pizza per child and is due by the first Saturday of each month. Delay in payment will result in your child not attending school. **Please note payment tuition is mandatory for each month regardless of the number of school sessions attended during the month or the year.**

Books:

Parents need to also pay a one-time estimated fee for the schoolbooks: \$50 per child.

Textbooks and workbooks payments are due upon registration. Delay in payment will result in parents buying the books directly from the supplier.

Emergency Contact Information: (Please do not enter parents' information. Please list Other family members or friends)

Name: _____

Phone: _____ - _____ - _____ Relationship: _____

Health Information:

Injuries/illness/Allergies: _____

Medication: _____

Waiver and Release From Liability

Please READ, PRINT NAME and SIGN.

I, the undersigned, am the parent/legal guardian of the child / children and requesting admittance to the Saturday school at Masjid Assunnah. Furthermore, each STUDENT being enrolled is in good health, and does not suffer from any illness, disability, or condition that requires the taking of medication on a regular basis and any such condition is disclosed to and is accepted by the school administration. I also understand that there is no reason that each STUDENT on this form cannot or should not participate in vigorous practice or play. I, the undersigned, hereby expressly agree to be responsible for any medical bills incurred in the treatment of any illness or accident of the said STUDENT. In the event of any such accident or injury, I hereby give my full consent to allowing the Masjid Assunnah School Administration and its staff to procure any medical treatment deemed necessary and advisable on behalf of my child. I understand that, as a condition of admittance of each STUDENT, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant(s), hereby release; the Masjid Assunnah Saturday School and its Staff, all and every member of School, and the Instructors from all and any liability resulting from injury or illness, mental or physical, suffered by the STUDENT during or related to the school year.

School Photography Consent

I understand that my child (ren) whose name(s) are listed below may be photographed at Masjid Assunnah Saturday School during school hours, or school events, and activities. I understand that these photographs may be used in promoting school services, either in print or on the Internet. Your child's identity or address will not be included with the picture. I understand that no monetary compensation will be given for the use of the materials. All prints, digital reproductions shall be the property of Masjid Assunnah Saturday School.

Parents Name (Please print): _____

Parents Signature: _____ Date: _____