

# IAWV – AM SUNDAY SCHOOL REGISTRATION – SCHOOL YEAR 2018 – 2019

PARENT'S NAME (Please Print): \_\_\_\_\_  
First Middle Last

STREET ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMERGENCY NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CHILDREN'S 1<sup>st</sup> Child \_\_\_\_\_ Age \_\_\_\_\_ yrs Grade \_\_\_\_\_ Allergies \_\_\_\_\_

NAME 2<sup>nd</sup> Child \_\_\_\_\_ Age \_\_\_\_\_ yrs Grade \_\_\_\_\_ Allergies \_\_\_\_\_

AGE 3<sup>rd</sup> Child \_\_\_\_\_ Age \_\_\_\_\_ yrs Grade \_\_\_\_\_ Allergies \_\_\_\_\_

GRADE 4<sup>th</sup> Child \_\_\_\_\_ Age \_\_\_\_\_ yrs Grade \_\_\_\_\_ Allergies \_\_\_\_\_

**Please make sure the Principal and Staff know about any of your kid's allergies. Thank you.**

Turn page over to complete the registration form →

Total amount paid: \$ \_\_\_\_\_ Cash / Check No. \_\_\_\_\_

Please check

- I have read the Rules and Regulation for the school
- I agree to drop the children at 11:25 a.m. and pick them up at 2:00 p.m.
- I will review with my children the material taught in the school
- I will create a good Islamic environment at home to reinforce Islamic learning at the school.
- I (dad/mom) would like to volunteer as a **full-time or substitute teacher**.
- I give permission to give my email and phone numbers to the teachers for the purpose of contacting us about teaching issues.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

FEE

**The preferred fee is \$150 per child.** The fee could be paid in two installments. Monetary assistance to cover all or part of the entire fee is available upon request. Please contact the principal or vice principal for the assistance.