

Sunday School Registration Form Year 2017-18

Islamic Center of Yakima (ICY), 301 South 10th Avenue, Yakima, WA 98902, (509) 248-5919

PARENT INFORMATION---Full Legal Name(s)

Father: _____ Mother: _____

Address: _____ City: _____

State / Zip: _____ Home Phone: _____

Cell Phone #1 _____ Cell phone #2 _____

Work Phone# _____

Email Required: To notify about child homework, student progress, inclement weather closing, early closing etc.

Parent's Email: _____

Language Spoken at home: _____

STUDENT INFORMATION

#	FIRST NAME	LAST NAME	DATE OF BIRTH	AGE	GENDER	GRADE IN REGULAR SCHOOL	ICY GRADE/LEVEL <small>*(FOR OFFICE USE)*</small>
1							
2							
3							
4							
5							

FEE SCHEDULE

	Payments	(**OFFICE USE ONLY**)
Tuition for one school year: 1 Child (\$200) 2 Children (\$300) 3 Children (\$360) *Please add \$50 for each additional child*	Fee is due at the time of registration. Please make check payable to "Islamic Center of Yakima" Note: Families with proven financial difficulties may apply for tuition assistance. Subject to approval by School Administration.	Total Due: _____ Amount Paid: _____ School Donation: _____ Balance: _____ Cash [] Check# _____

Health Information:

Does your child have a *Life-Threatening Health Condition? Yes No

(If yes please specify) _____

Any health issues (Please specify, Injuries/illness:) _____

Any Allergies (Please specify) _____

Any Disability (Please specify) _____

Medication and frequency (Please specify) _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone No. _____

School Cancellation:

In the event of a cancellation due to inclement weather, ICY School Administration will make the decision to cancel the classes. Cancellation of classes will be coordinated with the ICY School Principal. If the weather deteriorates during the day the classes may be canceled. Parents will be notified when possible. Parents are encouraged to call ICY before leaving home, when weather conditions are questionable.

School Photos:

ICY School Administration may take photos of the classrooms & kids occasionally and we may post it online on ICYYakima.org or in the school newsletter. Please advise school staff if you don't want your kids photos taken or posted on the school media.

Waiver (Disclaimer):

I, the undersigned, am the parent/legal guardian of the aforementioned child /children and requesting admittance to ICY Sunday School. 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 school activities 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 ICY School staff and Administration 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 ICY Sunday School and its Staff and Principal, all and every member of School and ICY Staff, 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.

I, _____ the legal parent/guardian of _____ have read and understand the above and acknowledge and accept full responsibility as described above.

Signed: _____ Dated: _____

Can you help during the study session: Yes No

****For Office Use Only****

Accepted by: _____ Date: _____

Administrator Signature: _____ Date: _____