

Islamic Center of Fredericksburg

School Registration Form

| Section I: | Student Information | Date _____ |
|---|---------------------------|------------------|
| First Name: _____ | Last Name _____ | |
| Age: _____ | School Grade (K- 5) _____ | OR (6 -12) _____ |
| Does your child read Arabic: <input type="checkbox"/> YES OR <input type="checkbox"/> NO | | |
| Does your child have any special needs: <input type="checkbox"/> YES OR <input type="checkbox"/> NO (If Yes please specify) | | |

| Section II | Parent Information |
|---|---|
| Mother's Name: _____ | |
| Father's Name: _____ | |
| Address: _____ | City: _____ Zip _____ |
| Phone (_____) _____ | Work Phone (_____) _____ Cell Phone (_____) _____ |
| Email address: _____ | |
| Are you interested in volunteering at the school? : <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |
| Emergency Contact: | |
| Name: _____ | Relationship to the parent: _____ |
| Address: _____ | City: _____ Zip _____ |
| Phone (_____) _____ | Work Phone (_____) _____ Cell Phone (_____) _____ |

| Section III | Registration and Monthly Fees |
|--|-------------------------------|
| Registration fees \$50 per child, payment type: - Check # _____ OR Cash _____ | |
| Monthly fees: - \$50 per child. Make checks payable to I.C.F OR Islamic Center of Fredericksburg | |
| Note: If you cannot afford to pay the school fees for economic reasons and want to be sponsored by someone, Please check, <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |
| Please fill in the form with capital letters. | |
| _____ | _____ |
| Parent/Guardian Signature | Date: |