

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: - \$40 per child, Max \$100. Add \$10 late payment after the second Sunday.	
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: