

IAA Summer School 2010 – REGISTRATION FORM

Student/s: <input type="checkbox"/> New <input type="checkbox"/> Returning	Email:	Reg.#	Notes:		
Father's Name:		Mother's Name:			
Last:	First:	Middle:		First:	
Street:		City:		Zip:	
Home #:	Cell #:	Father's Work#:		Mother's Work #:	
Emergency Contact*					
Name:		Address:		Phone Number:	
Allergies or Other Medical Conditions:					

	First Child			Second Child			Third Child			Fourth Child	
Name:			Name:			Name:			Name:		
D.O.B:	/	/	Age:	D.O.B:	/	/	Age:	D.O.B:	/	/	Age:
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Level:	Reg:	Quran:	Level:	Reg:	Quran:	Level:	Reg:	Quran:	Level:	Reg:	Quran:

FEE SCHEDULE				
	1 Child	2 Children	3 Children	4 Children
Fees	<input type="checkbox"/> \$200	<input type="checkbox"/> \$375	<input type="checkbox"/> \$550	<input type="checkbox"/> \$725

Office Use Only

Disclaimer

I, hereby release the IAA Summer School, its staff, affiliates, partners, teachers, volunteers of all liabilities of any possible injury to my child(ren) emotional, mental or physical on and off the Masjid premises.

Parent/Guardian Signature
Date