

**ISLAMIC CENTER OF MORRIS COUNTY**  
**Weekend Islamic School**

Registration Form  
 School Year: 2018-2019

Please Write Legibly - UPPER CASE Only.

<b>For OFFICE use only:</b>	Initial:
Date Regd.: _____	
FAMILY No.: _____	
ICMC MEMBER No. _____	

Father's Full Name: \_\_\_\_\_ Mother's: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # (Home): \_\_\_\_\_ Cell#1: \_\_\_\_\_ Cell#2: \_\_\_\_\_

Email Address #1 : \_\_\_\_\_ Email#2: \_\_\_\_\_

Name: _____ M / F - DOB: ___/___/___ Age: Yr/Mo _____	<b>For OFFICE use only:</b> Grade / Class Assigned
Any Medical Conditions/Allergies: _____	Gr -Q: ___ A: ___ I: ___ CL-Q: ___ A: ___ I: ___
Name: _____ M / F - DOB: ___/___/___ Age: Yr/Mo _____	<b>Grade / Class Assigned</b>
Any Medical Conditions/Allergies: _____	Quran ___ Arabic: ___ IS ___
Name: _____ M / F - DOB: ___/___/___ Age: Yr/Mo _____	<b>Grade / Class Assigned</b>
Any Medical Conditions/Allergies: _____	Quran ___ Arabic: ___ IS ___
Name: _____ M / F - DOB: ___/___/___ Age: Yr/Mo _____	<b>Grade / Class Assigned:</b>
Any Medical Conditions/Allergies: _____	IS: _____ Quran ___ Arabic: ___ IS ___

**Annual School Fees: 1<sup>st</sup> Child: \$340.00**

**2<sup>nd</sup> Child: \$320.00; 3<sup>rd</sup> Child: \$300.00, 4<sup>th</sup> + Child FREE.**

\* ICMC will not deny registration to anyone who is not financially able to register his/her child. If you cannot afford to pay the tuition, please fill out the Financial Assistance Form and your tuition will be adjusted accordingly.

**FOR OFFICE USE ONLY**

Annual School Fees (Non-Refundable)	Amounts Due Total	Payment(s) Amount	Date	Check # or Cash/Card	Balance Due	Notes
Tuition						
Books						
PRIOR BALANCE						
<b>TOTALS:</b>						

**Dress Code:** No jewelry on boys. No shorts. No hats or baseball caps. No dresses with images of people and animals. Boys and girls to dress appropriately in the spirit of modesty and humility to Allah (swt).

**Discipline:** No cell phones. No chewing gum. No harassing fellow students or teachers. No indecent language and images to be spoken, drawn or written. Any violation of these or other rules of Islamic Center of Morris County (ICMC) Inc. will warrant a warning and if necessary suspension at the decision of the Principal and the school administration.

**Declaration:** I have registered my child/children for Islamic education. I understand that the teaching staff consists of volunteers from the community. I will try to be involved with the school to the best of my ability. That I will not hold ICMC or its staff members responsible for any accident or injury. Furthermore, I authorize ICMC and the designated individuals to provide the necessary medical treatment in my absence, if need should arise.

( ) I authorize ( ) I don't authorize ICMC to post individual or group photos of my children during any ICMC event on its website and other communications.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_