

ICMC EDUCATION PROGRAMS

ENROLLMENT FORM

Please fill out all the information on the following pages in **PRINT** only

CHILD'S INFORMATION

Name: _____
(First Name) (Middle Name) (Family Name)

Date of Birth: ____/____/____ **Gender:** Boy / Girl
(dd/mm/yy)

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Preferred Phone: _____

PARENTS' INFORMATION

	Father	Mother
Name:	_____	_____
Cell Phone:	_____	_____
Email:	_____	_____

EMERGENCY CONTACTS

Name	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____

AUTHORIZED PERSONNEL (FOR PICK UP)

Please provide full name of any person who you authorize to pick up your child in place of you. A photo identification will be required for them to pick up your child.

Name	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____

PAYMENT INFORMATION

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Tuition is **due on First Monday of the month** unless otherwise agreed upon and a **late charge of \$25** will be added to any overdue payments. A **returned fee of \$30** will be charged for any bounced check.

A **security deposit of half month tuition** is required to guarantee your child's registration, which will be used towards the tuition payment of last month.

I would like to register my child for:

IQRA Program (3 to 5 Years)		
Regular Hours (M-F, 8:00AM-3:00PM)	\$650/month	
Part Time (M-F, 8:00AM- 12:00PM)	\$400/month	
Extended Hours (M-F, 7:00AM – 6:00PM)	\$650 + \$150 /month	
Day Care (less than 3 years)	\$800	
Hours (8:00 AM- 4:30 PM)		
Extended Hours (M-F, 7:00AM – 6:00PM)	\$800 + \$150/month	
After-School Program (5 to 16 years)	\$250/month	
Hours (M-F, 3:00 - 6:00PM)		
Hefz Program (All ages)	\$100/month	
Hours (M-F, 6:00 - 8:00PM)		
Transportation (Depending on route availability)	\$100/month	
	Total=	

I would like to pay via: Cash Credit Card Check

Credit Card Information:

Card Type: _____

Card Number: _____ Expiration Date: _____ Security Code: _____

Name of cardholder (as it appears on the card): _____

Billing Address: _____

Financial Aid

I would like to receive assistance in an amount of \$_____. After the application is received, an IEEP staff member will contact you to discuss it further.

For Office Use only:

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Deposit of \$ _____ received via _____.

Student Record Number: _____

MEDICAL RECORD

Physician's Name: _____

Address: _____

Phone Number(s): _____

Insurance Information (if any): _____

	Yes	No
Does your child suffer from any allergy?		
Does your child have any hearing problems?		
Does your child have any sight problems?		
Does your child take any medication on regular basis?		

If you answered yes to any of the above, please provide more information below:

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EMERGENCY CONSENT

I, _____, do hereby give my consent for School staff to seek and authorize emergency medical care for my child _____.

I understand that I will be responsible for all medical and dental bills ensuing from any such emergency.

Parent's Signature: _____ Date: _____

PHOTOGRAPHY AND VIDEO-RECORDING CONSENT

I, _____, do hereby give consent for school staff to photograph or video tape my child _____ during learning and fun activities and any field trips. I understand that these photos maybe posted on school's website and used in conjunction with promotion and advertising. I also hereby release any rights to said photos.

Parent's Signature: _____ Date: _____

I/we have received a copy of the **Parent Handbook**. I/we have read, understand and agree to abide by the policies contained therein. . I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the daycare program.

I/we understand the program's hours and tuition and that tuition is due on first Monday of every month. Late fees are \$25 for overdue tuition and \$30 for bounced checks.

School Admin:

Parent Name:

Date:

Date: