

SUNDAY SCHOOL REGISTRATION FORM



Parent/Guardian Information:

Father/Guardian's First Name: _____ Last Name: _____

Mother's First Name: _____ Last Name: _____

Address: _____ City: _____ Prov: ON Postal Code: _____

Email: _____ Mother's Cell #: _____ Father's Cell #: _____

Emergency Contact Information: (other than above individuals)

1: Full Name: _____ Contact #: _____ Relation: _____

2: Full Name: _____ Contact #: _____ Relation: _____

Student(s) Information:

1) First Name: _____ Last Name: _____ DOB: _____ Grade: _____ Sex: M F

2) First Name: _____ Last Name: _____ DOB: _____ Grade: _____ Sex: M F

3) First Name: _____ Last Name: _____ DOB: _____ Grade: _____ Sex: M F

Medical Problems (Allergies/Illnesses/Medication): _____

Health Card # _____

Fees:

Sunday school fee structure is divided into 3 semesters. **Each Semester is 3 months long and costs \$180 for one child.**

I understand and affirm that:

I will punctually pick up/drop off the student(s) on the appropriate time. I affirm there will be no supervision before or after class hours. The Islamic Centre of Cambridge & International School of Cambridge staff will not be held responsible for any accidents that may occur.

I (parent/guardian) will be responsible for any item or equipment loaned to my child and I will pay for loss or damage.

A tuition fee of **\$180** per child is due by the start of **each semester**.

The student's continued acceptance in the program will be based upon his/her **conduct**. The International School of Cambridge administration reserves the right to withdraw the student from the program if the previous quality is found unsatisfactory.

I have read and agree with the terms and conditions for admission of my child, and I verify the above information is correct.

Parent/Guardian Name: _____ Signature: _____ Date: _____