

# ISEB Sunday School

## New Student Registration Form 2011-2012 / 1432 - 1433 A.H.

All students new to ISEB Sunday School and former students who have withdrawn from the Sunday School must complete a "New Student Registration Form"

**Registration Fee: 1 Child \$15 / 2 Children \$20 / 3 Children \$25 / 4 or more Children \$30**

### Student Information

First Name : \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Sex:  Female  Male Date of Birth: \_\_\_\_\_ Age : \_\_\_\_\_ Grade: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Other Language(s): \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_  
Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_ Relation: \_\_\_\_\_  
Any medical condition:  NO  YES Doctor's Name/Phone # \_\_\_\_\_  
Allergies to any specific food or medication:  NO  YES If yes, specify \_\_\_\_\_  
Child's Quranic reading level:  Does not know how to read  Beginner  Intermediate

### Tuition Fee: Due on 1st Sunday of every month

**Late Charge: \$10 per month after 2 weeks of grace period      Unpaid Return Checks: \$50**

Due Dates : Sept - 11 / Oct - 2 / Nov - 6 / Dec - 4 of 2011

Jan - 1 / Feb - 5 / Mar - 4 / Apr - 1 / May - 6 of 2012 ( 1/2 Fee for June 2011 )

1 Child - \$ 35 (\$ 20 for June)                          2 Children - \$ 60 (\$30 for June)

3 Children - \$ 80 (\$40 for June)                  4 or more Children - \$ 100 (\$50 for June)

Cost of Books : Varies per grade level

*I hereby authorize the ISEB Sunday School to take my child to a medical center in the event of emergency in case neither parent / emergency contact can be reached. All the medical bills including Emergency Room, Doctors, Medicines, & Ambulatory Services etc. are the responsibility of the Parents/Guardians. ISEB Sunday School or the Masjid is NOT RESPONSIBLE for any occurring medical bills. I agree to pay the tuition fees, registration fee and the cost of the books upon registration and on the due dates promptly. I agree to pay the late charges and the charges for all the unpaid returned checkes from the bank.*

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

### Office Use Only

Number of children : \_\_\_\_\_

Paid by Check # \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Received by : \_\_\_\_\_

Contacts: Raffath Shareef 510-673-6298

Sharifa Ghaswala 510-797-6412

Laeq Ahmed 510-744-1986