



Muslim Communities Association of South Florida

4305 NW 183 Street, Miami Gardens, FL. 33055

Phone No: 305 624 5555,



Islamic Sunday School at ICGM

REGISTRATION FORM 2019-2020

1. Student's Information

No.:

| No. | First Name | Last Name | Gender | D.O.B. | Age | Grade |
|-----|------------|-----------|--------|--------|-----|-------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

2. Parents/Guardian Information:

| | | | |
|------------------------------|--|-----------------|-----------|
| Parent's or Guardian's Name: | | E-Mail Address: | |
| Phone No. Cell: | | Home: | Other: |
| Home Address: | | | |
| City: | | State: | Zip Code: |

3. Emergency Contact Information:

| | | | |
|-----------------|--|---------------|--------|
| Name: | | Relationship: | |
| Phone No. Cell: | | Home: | Other: |

4. Medical Information:

| | |
|-------------------------|------------|
| Doctor's Name: | Phone No.: |
| Allergies or Illnesses: | |

5. Parents' Consent:

I understand that the Muslim Communities Association of South Florida (MCA) and the Islamic Sunday School Staff at ICGM cannot be held liable or assume the responsibility in case of accidental injury to my child. If I desire protection, I will acquire my own insurance.

| | |
|----------------------|-------|
| Signature of Parent: | Date: |
|----------------------|-------|

6. Total Fee Due:

| | | |
|---|---------------|------------|
| Yearly / Monthly Fee: | Sub total | = \$ |
| Registration, one time per year: (\$25.00 per family) | | = \$ 25.00 |
| Text Book \$10.00 per child | | = \$ |
| Received by: | Total fee due | = \$ |