

Enrollment Application 2016/2017

(9:30AM – 1:45 PM)

| | | | | | | |
|--|--|-----------------------|------------------|------------------------------------|-----------------------|-----------------------|
| Student | <u>Name</u> | | | <u>Gender</u> | <u>Date of Birth</u> | <u>Age</u> |
| | (Last) | (First) | MI | Male/Female | *(Month/Day/Year) | |
| | <u>Address</u> | | | <u>Telephone</u> | | |
| | (Street) | (City) | | (Home) | (Mobile) | |
| | (State) | (Zip) | (Email address) | <u>Place of Birth</u> | | |
| | | | | (City/State/Country) | | |
| Parents | Only required for students under 19 years of age. | | | | | |
| | <u>Father</u> | | | <u>Mother</u> | | |
| | (Last Name) | (First) | (MI) | (Last Name) | (First) | (MI) |
| <u>Occupation</u> | <u>Work Telephone</u> | <u>E-Mail Address</u> | | <u>Occupation</u> | <u>Work Telephone</u> | <u>E-Mail Address</u> |
| Medical/Emergency | <u>Primary Emergency Contact</u> | | | <u>Secondary Emergency Contact</u> | | |
| | <u>Name</u> | <u>Relation</u> | <u>Telephone</u> | <u>Name</u> | <u>Relationship</u> | <u>Telephone</u> |
| | <u>Family Physician</u> | | | <u>Medical History</u> | | |
| | <u>Name</u> | <u>Telephone</u> | | <u>Problems</u> | <u>Allergies</u> | <u>Medications</u> |
| <p>I hereby agree that IQRA Sunday School may authorize a medical professional of its choice to provide emergency care in the event the primary or the secondary contact or the family physician could not be reached immediately.</p> <p>Student Signature: _____ Date: _____ (Or Parent or Guardian)</p> | | | | | | |
| Agreement | <p>I have read the Code of Conduct, the policies, and the regulations of the IQRA Sunday School. By signing this application, I agree to abide by them. To be the best of my knowledge, the information that I have provided is true.</p> <p>I agree that this school requires parent involvement at home to help the child reach his/her set goals. I understand that lack of cooperation and failure in the test conducted by the school may result in suspension from the school.</p> | | | | | |
| | <p>Student Signature: _____ Date: _____ (Or Parent or Guardian)</p> | | | | | |
| Fee | <p>First student -\$40 per month; 2nd student \$30 per month; Additional students: \$20 per month One-time charge for registration and books: \$25</p> | | | | | |

IMPORTANT

For 2016 Sunday school enrollment, Child's birthday must be prior to Feb 28, 2012