

Antioch Islamic School

Registration Form

Islamic Center of East Bay, 314 W. 19th Street., Antioch, Ca – 94509 * 925-756-1652 www.islamiccenterofeastbay.org

Student Information

| | Last Name | First Name | Age | Birth Date | Gender: M/F |
|----|-----------|------------|-------|----------------|-------------|
| 1) | _____ | _____ | _____ | __ / __ / ____ | _____ |
| 2) | _____ | _____ | _____ | __ / __ / ____ | _____ |
| 3) | _____ | _____ | _____ | __ / __ / ____ | _____ |
| 4) | _____ | _____ | _____ | __ / __ / ____ | _____ |

Parents Information

| | |
|---------------------------|------------------------------|
| Last Name _____ | Home Phone () _____ |
| Father's Name _____ | Cell Phone () _____ |
| Mother's Name _____ | Cell Phone () _____ |
| Address _____ | Emergency Phone () _____ |
| City _____ Zip Code _____ | Email Address: _____ |
| | Email Address: _____ |

Tuition and Fees

- **Registration Fee (includes books per student per session):** \$25 per Student per session.
- **Tuition for 1st child:** \$50/month - due 1st day of each month (late after the 10th).
- **Tuition for additional siblings:** \$40/month - due 1st day of each month (late after the 10th).
- **The Classes will be held twice a week on Saturday and Sundays.**

Dear Parents:

- The mission of the Antioch Islamic School is to teach the basics Islam to our youth.
- Parents must bring the children to school on time and pick them up on time – no exceptions.
- Parents must monitor and ensure that the children finish their homework time per instructions.
- To ensure adequate school materials and continuous uninterrupted education, all school fees must be paid on time by the parents.
- Parent/Teacher cooperation and your regular involvement in your child's education insha-Allah will yield positive improvement for our children.

Special Notes: (below, please let us know if your child has (have) attended any Islamic School before, if so when and what level. Also, if we your child (ren) has (have) special medical conditions)

Date _____ Signature _____

For Office Use Only:

Student Personal Liability Release Form

I hereby agree to release the Antioch Islamic School, Islamic Center of East Bay, its Executive Board, Board of Trustees, its representatives, teachers, volunteers, members, and its subsidiaries from any liability or any injury to the named person/child/children listed below, resulting from any cause whatsoever occurring at any time while participating in any and all activities on the premises of Antioch Islamic School (Islamic Center of East – 314 W. 19th Street., Antioch, Ca – 94509).

Note: All students must have a parent or guardian sign this form. Parental signature indicates permission for their child/children to participate in the school activities.

Please fill out and sign below after you have read the liability release section above and completely understand and agree to its conditions.

Student's Name(s): 1. _____
2. _____
3. _____
4. _____

Parent's Name: _____

Date _____ Signature _____