

In the name of Allah, The Beneficent, The Merciful

ISLAMIC ASSOCIATION OF LONG ISLAND, INC.

10 Park Hill Drive, P O Box No. 0593, Selden NY 11784

Ph: (631) 732-1235
Fax: (631) 732-6657
Email: info@seldenmasjid.org

www.seldenmasjid.org

STUDENT INFORMATION (Please fill separate form for each child)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB (mm/dd/yy): _____ Ph: _____ Gender: Boy Girl

Grade: _____ Email: _____

PARENT INFORMATION

Father Name (First, Last): _____ Cell Phone: _____

Mother Name (First, Last): _____ Cell Phone: _____

EMERGENCY CONTACT

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

FEES for the year 2008-2009

- **Registration: 6th September, 2008. (12 pm to 1:30 pm)**
- **Start Date: 13th September, 2008.**

#. of Child(ren) per family	One Time Pmt	Flex Plan	Pmt @ Registration	1/15/2009
1 Child	\$225.00	N.A.	N.A.	N.A.
2 Children	<input type="checkbox"/> \$450.00	\$500.00	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$200.00
3+ Children	<input type="checkbox"/> \$550.00	\$600.00	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$250.00

AUTHORIZATION/RELEASE:

In consideration of accepting the registration in IQRA Saturday Classes, on behalf of my dependent(s)/registered student(s), I hereby release, discharge and agree to hold harmless ISLAMIC ASSOCIATION OF LONG ISLAND, Inc. (IALI) its officers, volunteers, administrators, sponsors and other representative from any and all claims, demands, cost, expenses and compensation arising out of or in any way related to any injury or other damage that may result while attending IQRA Saturday Classes and its programs.

I acknowledge and agree that it is my responsibility to take proper measures to prevent any incidence resulting from any food allergies, and to notify school administrators of any such allergies, if applicable.

Initials: _____

I further acknowledge the receipt of, and agree to the drop off and pickup procedures set forth by the administration of the IQRA Saturday Classes. In addition, I understand that these procedures may be modified or new procedures may be introduced during the course of the year, and it is my responsibility to follow these procedures for the safety of my dependents.

Initials: _____

Name: _____

Signature: _____

Date: _____