

IQRA SATURDAY CLASS PROGRAMS (2011/2012)

ISLAMIC ASSOCIATION OF LONG ISLAND, INC.

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

GENERAL INFORMATION

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

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

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

Ph: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Phone: _____ Relation: _____

STUDENT(S) INFORMATION (One form per family)

First Name: _____ Last Name: _____

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

First Name: _____ Last Name: _____

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

First Name: _____ Last Name: _____

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

First Name: _____ Last Name: _____

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

First Name: _____ Last Name: _____

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

FEES for the year 2010-2011:

#. of Child(ren) per family	One Time Pmt
1 Child	\$200.00
2 Children	\$400.00
3+ Children	\$550.00

DATES:

- **1st day of Class and Registration: September 17th, 2011.**

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: _____