

# SUNDAY SCHOOL REGISTRATION FORM



## Parent/Guardian Information:

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Father/Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: ON Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

## Emergency Contact Information: (other than above individuals)

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1: Full Name: \_\_\_\_\_ Contact #: \_\_\_\_\_ Relation: \_\_\_\_\_

2: Full Name: \_\_\_\_\_ Contact #: \_\_\_\_\_ Relation: \_\_\_\_\_

## Student(s) Information:

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1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F

Grade in Sept 2021: \_\_\_\_\_ Day School: \_\_\_\_\_ Returning Sunday School Student?  Y  N

2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F

Grade in Sept 2021: \_\_\_\_\_ Day School: \_\_\_\_\_ Returning Sunday School Student?  Y  N

3) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F

Grade in Sept 2021: \_\_\_\_\_ Day School: \_\_\_\_\_ Returning Sunday School Student?  Y  N

Medical Problems (Allergies/Illnesses/Medication): \_\_\_\_\_

## Fees:

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Sunday school fee structure is divided into 3 semesters. **Each Semester is 3 months long and costs \$105 for the first child and \$90 per sibling.** More details in the Information booklet.

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I understand and affirm that:

**I will punctually pick up/drop off the student(s) on the appropriate time. I affirm there will be no supervision before or after class hours. The Islamic Centre of Cambridge & International School of Cambridge staff will not be held responsible for any accidents that may occur.**

I (parent/guardian) will be responsible for any item or equipment loaned to my child and I will pay for loss or damage.

A tuition fee of **\$105** per child (\$90 for the next child) is due by the start of **each semester**.

The student's continued acceptance in the program will be based upon his/her **conduct**. The International School of Cambridge administration reserves the right to withdraw the student from the program if the previous quality is found unsatisfactory.

I have read and agree with the terms and conditions for admission of my child, and I verify the above information is correct.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_