



# 2018-2019 Sunday School Registration Form

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

Cellphone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Home Address:**

Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's First Name	Gender	Date of Birth	Special Health Conditions (Medical, Allergies)

**Emergency Contacts (other than Parents)**

First Name	Last Name	Cellphone #



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### Emergency Medical Care

I/We authorize WCIC Sunday School staff or designated agents to secure Emergency Medical Care for my child(ren) when we cannot be reached at the time of emergency. I/We will be responsible for the medical charges incurred. I understand that my child(ren) may be transferred to a nearby emergency facility by public safety officers or staff of WCIC Sunday School.

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Parent/Guardian Signature

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Date

### Disclaimer:

WCIC Sunday School conducts educational programs for the benefit of the Muslim community of the Marietta and other neighboring areas. WCIC Sunday School assumes no responsibility for any type of personal injury or loss of property that, Allah forbid, may occur while at the school.

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Parent/Guardian Signature

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Date

### School Rules and Conduct:

I/We have received and read the WCIC School Conduct Rules and understand that the School Conduct Rules will be enforced by the WCIC Sunday School staff to ensure a safe and orderly educational environment of the school.

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Parent/Guardian Signature

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Date



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### Tuition Agreement:

I agree to pay a Tuition of \$400 per child/ per year. A discount of \$50 will apply for every additional child enrolling (\$350/yr for Child 2, \$300/yr for Child 3)

- I Agree to pay all fees up-front
- I Agree to pay all fees in 4 equally recurring monthly installments immediately after enrollment
- I request Financial Assistance for my child(ren)

**Name on Credit/Debit Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVN (3-digits on back):** \_\_\_\_\_

### Billing Address:

**Street Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Card Holder signature:** \_\_\_\_\_

### Donation & Sponsoring a Child:

- Donation for School (Optional):** \$ \_\_\_\_\_
- I wish to sponsor additional kids:** \_\_\_\_\_ **Sponsoring Amount:** \$ \_\_\_\_\_

**Donor/Sponsor Signature:** \_\_\_\_\_