



2019-2020 Sunday School Registration Form

Parent's First Name: _____ **Parent's Last Name** _____

Cellphone #: _____ **Email:** _____

Home Address:

Street Name: _____

City: _____ **State:** _____ **Zip:** _____

Child's Full Name	Gender	Date of Birth	School Grade Enrolled	Sunday School Grade Enrolled	Special Health Conditions (Medical, Allergies)

Emergency Contacts (other than Parents)

First Name	Last Name	Cellphone #

(3) 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.

Parent/Guardian Signature

Date

(4) PERSONS AUTHORIZED TO PICK UP CHILD(REN):

1. _____ Phone number: _____.

2. _____ Phone number: _____.

3. _____ Phone number: _____.

Parent/Guardian Signature

Date

(5) TUITION AGREEMENT:

I/We hereby register each child listed below for the level indicated. I agree to pay all sums as follows:

Tuition \$400 per child/ per year
(\$50.00 discount each additional child)

I authorize WCIC-Sunday School to initiate either an electronic debit or to create and process a demand draft against my bank/credit card account on or after start date for the amount mentioned in step b. I acknowledge that the original ACH transactions to my account must comply with the provisioning of the United States law. This authorization remains in effect for the school year 2019-20;

- a. _____ Charge the whole amount at one transaction.
- b. _____ Charge 4 equal payments for 4 months (starting at registration).

My credit/debit card info:

Name on Credit/ Debit Card: _____

Credit/Debit Card # _____

Expiration Date: _____ CVN (3 digit on back) # _____

Billing Address: _____

Donation for School (Optional): Amount: _____.

I wish to sponsor (Optional): _____ one child _____ two children _____

Cardholder's Signature

Date

Parent/Guardian Signature

Date

(6) DISCLAIMER:

WCIC Sunday School conducts educational programs for the benefit of the Muslim community of the Marietta area. 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.

Parent/Guardian Signature

Date

(7) SCHOOL RULES AND CONDUCT:

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

Parent/Guardian Signature

Date

Please provide this completed form (along with payment) to the WCIC Sunday School Office located in the front building near Masjid Al-Furqan on August 5th, 2018 between 11:00 am until 1:00 pm in order to enroll your child(ren).

Please note that the first day of classes will be held on August 4th, 2019 beginning at 10:30 am and concluding at 2:15 pm inShaAllah.