

**In the name of Allah, The Beneficent, The Merciful**  
**QURANIC WEEKDAY EVENING Class Programs (2018/2019)**  
**Islamic CENTER OF DEER PARK**  
 642 GRAND BOULEVARD, DEER PARK NY 11729  
 PHONE NO. 631-871-8974

**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: \_\_\_\_\_

**FEE PER MONTH**

| #. of Child(ren) per family | FEE      |
|-----------------------------|----------|
| 1 Child                     | \$60.00  |
| 2 Children                  | \$110.00 |
| 3 Children                  | \$150.00 |

**AUTHORIZATION/RELEASE:**

In consideration of accepting the registration in QURANIC WEEKDAY EVENING Classes, on behalf of my dependent(s)/registered student(s), I hereby release, discharge and agree to hold harmless ISLAMIC CENTER OF DEER PARK 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 QURANIC WEEKDAY EVENING 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 QURANIC WEEKDAY EVENING 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: \_\_\_\_\_