Islamic Center of Southern California
The Sunday School
434 South Vermont Avenue, Los Angeles, CA 90020
(213) 382-9200 ext.32

For Office Use Only:
Date received: _____
Amount Paid: _____
Check# Cash: _____
Class Level: _____
Financial Aid: _____
Receipt #: _____
Balance: _____

New Student Enrollment Contract: 2016– 2017

Student's Name: _____
Last First Middle

Address: _____
Street City Zip

Date of Birth: _____/_____/_____ Age_____ Telephone ( ): _____

Junior Youth Group- ages 11 to 13, $50/ year ---- please check here ☐

Current school of Attendance: _____

Has the student attended The Sunday School previously? Yes ☐ No ☐ If yes, level: _____

Father's Name: _____ Mother's Name: _____

Father's Profession: _____ Mother's Profession: _____

Work Phone ( )_____ Work Phone ( ) _____

Cell Phone ( ) _____ Cell Phone ( ) _____

Email: _____ Email: _____

Medical information

1. Physician's Name_____ Phone( ) _____
2. Pertinent medical history:

Allergies_____ Special medications taken regularly_____

Tuition and Fees Information

Registration/Books/Handouts Fee	Payable at the time of registration	$100
PTO Fee (per child)	Payable at the time of registration	$25
Tuition Fee in Full	1st child	$500
	2nd child	$450
	Each additional child	$400

Payable in 2 installments	50% September 2016	and	50% December 2016
Late Fee (per family)	$25 October 2, 2016	and	$25 January 8, 2017

- *Signing this enrollment contract will automatically enroll you as an affiliate member of the Islamic Center of Southern California and put you on their mailing list.*
- *By signing this enrollment contract, you give permission to have your children photographed for the magazines, flyers, and the school website.*

Authorization of Consent to Treatment of a Minor

I / We, the undersigned, parent(s) of _____, a minor, do hereby authorize The Islamic Center of Southern California, The Sunday School, as agent for the undersigned to consent to any medical examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

This authorization shall remain in effect for The Sunday School academic year which begins in September of current year and ends in June of the following year, unless revoked in writing and delivered to The Islamic Center of Southern California, The Sunday School.

We hereby give permission for my/our child to attend the Islamic Center of Southern California, The Sunday School. I give the teachers and school administration permission to take any necessary action in the event of an emergency. You should be aware of the following conditions or allergies that may occur with my child, as follows:

Allergies / Medical Condition: _____

Medication: _____

Enrollment Policy

I/we understand that to fulfill the enrollment requirements, I/we must complete and sign this contract and return it to the school office with the registration, book and PTO fee.

I/we acknowledge that The Sunday School reserves the right in its sole discretion to dismiss the above named student from school if and when his/her presence at the school is judged to be detrimental to the welfare of the school, if and when he/she fails to maintain 60% attendance at the school.

Payment Policy

I/we understand that tuition is applicable for the full academic year and is due in full in September. Tuition can also be paid in two installments, 50% due first week of school and the balance due first week of December. I/we understand that there is financial assistance if I/we meet the conditions of financial hardship on a first come first serve basis till the funds are exhausted. If I/we do not pay the tuition on time, there will be a late fee assessed.

Liability Release

By signing this contract, I/we give permission for the student named above to take part in all school activities, including sports and field trips, and I/we waive and release The Islamic Center of Southern California and The Sunday School or any of its officers, agents or employees from all claims of liability for any injury incurred by the student at school or during any school activity.

I/we accept and support the school's mission, school policies, standards of discipline and the rules of behavior, adopted by the school. I/we understand that it is my/our responsibility to notify the school office promptly of any change in my/our address and telephone number.

I/we have read, understand and agree to all the terms and conditions of this enrollment contract. By signing this contract, I/we represent and warrant that I/we have full authority to sign this contract. I/we are fully authorized to enter into this agreement.

Also, I / We, the undersigned, agree to save and hold harmless The Islamic Center of Southern California, and their respective departments, organizations, boards, commissions, officers, agents, and employees from any liability whatsoever for any harm, personal injury, or property damage which my child or I may suffer arising out of his/her participation in the Sunday School Program. This release is effective until revoked in writing and delivered to the Principal of The Sunday School at The Islamic Center of Southern California.

Mother (print name)	Signature	Date
Father (print name)	Signature	Date
Guardian (print name)	Signature	Date