

**ISNS AL IHSAN ACADEMY
HIFDH AND QURANIC ARABIC SCHOOL 2017-18
REGISTRATION FORM**

PHONE: 847 253 6400 WEB: http://isnsalihsanacademy.org EMAIL: isnsalihsanacademyquranicschool@gmail.com (Please Print *ALL FIELDS ARE REQUIRED* ONE Application Form Per Family)			
Today's Date:		Semester 1: October 11, 2017	
STUDENT INFORMATION			
*First Child's Full Name:		*Age:	*Gender:
*Second Child's Full Name:			
*Third Child's Full Name:			
*Street Address:			
P.O. Box:	City:	State:	ZIP Code:
Class schedule and Fees:			
Registration & Payment Rules: Please fill out the form completely. Spaces are limited. Completed (applied and paid) registrations will be given first priority. Parents must pay for the month ahead of time or leave post-dated checks/credit card info for monthly deductions. Registration is not complete without payment.	Class schedule: Students applying to Al-Ihsan Academy must be 8 years old and older. Children ages 6 & 7 are accepted after being assessed on their recitation of the Qur'an Monday: 5:00pm-7:00pm Wednesday : 5:00pm-7:00pm Thursday: 5:00pm-7:00pm	Fees/Discounts: <ul style="list-style-type: none"> • One Child: \$150/month 	
PARENT INFORMATION			
*Parent's Last Name:		* First:	*Middle:
What Masjid do you frequent?		*Mobile Phone No.:	*Home Phone No.:
		()	()
How did you know about Al Ihsan Academy Hifdh School Program? (please check one box):			
<input type="checkbox"/> Friend <input type="checkbox"/> Flyer <input type="checkbox"/> Email <input type="checkbox"/> Website <input type="checkbox"/> Other _____			
Email (Most Parent Communication is through Email): _____			
IN CASE OF EMERGENCY			
*Name of local friend or relative (not living at same address):		*Relationship to Registrant:	*Phone No.:
			()
I <i>affirm</i> that the above information is complete and true to the best of my knowledge. I verify and agree that my child must abide by the rules of the school and must participate fully in the program. I <i>understand</i> that Al Ihsan Academy Hifdh and Quranic Arabic School reserves the right to request any participant to leave the program if a participant's conduct is determined to be disruptive to the program and fellow registrants. I <i>understand</i> that the organizing institutions, administration, their officials, and staff are not responsible for any injuries or loss of property that may occur. In the case of an emergency where I cannot be contacted, I <i>authorize</i> the administration to seek medical attention and/or administer any needed emergency procedures for the registrant. I also <i>authorize</i> my insurance information to be used and I authorize ISNS or the insurance company to release any information required to process the claim. In such a case, I <i>understand</i> that I am financially responsible for any due balance. I understand that my child(ren) will not be allowed to begin or continue with the program if payment in full is not submitted prior to the beginning of their first session.			
_____ <i>Parent/Guardian Signature</i>		_____ <i>Date</i>	