

# AL-IHSAN SUNDAY SCHOOL REGISTRATION FORM

Islamic Center Of The Quad Cities – 6005 34<sup>th</sup> Ave Moline IL 61265 – Ph: 309.792.1690 – www.icqconline.org

## PARENT(S) INFORMATION

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ Email 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ Email 2: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone/Address: \_\_\_\_\_

## STUDENT(S) INFORMATION

- Name: \_\_\_\_\_ Sex: M/F Date of Birth: \_\_/\_\_/\_\_\_\_ Fee: 80 USD  
 Allergies/Medical Condition: \_\_\_\_\_  
 Medication: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ Physician Contact: \_\_\_\_\_  
 Hospital/Clinic Preference: \_\_\_\_\_
- Name: \_\_\_\_\_ Sex: M/F Date of Birth: \_\_/\_\_/\_\_\_\_ Fee: 60 USD  
 Allergies/Medical Condition: \_\_\_\_\_  
 Medication: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ Physician Contact: \_\_\_\_\_  
 Hospital/Clinic Preference: \_\_\_\_\_
- Name: \_\_\_\_\_ Sex: M/F Date of Birth: \_\_/\_\_/\_\_\_\_ Fee: 40 USD  
 Allergies/Medical Condition: \_\_\_\_\_  
 Medication: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ Physician Contact: \_\_\_\_\_  
 Hospital/Clinic Preference: \_\_\_\_\_
- Name: \_\_\_\_\_ Sex: M/F Date of Birth: \_\_/\_\_/\_\_\_\_ Fee: 40 USD  
 Allergies/Medical Condition: \_\_\_\_\_  
 Medication: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ Physician Contact: \_\_\_\_\_  
 Hospital/Clinic Preference: \_\_\_\_\_

|                            |  |   |  |
|----------------------------|--|---|--|
| <b>For Office Use only</b> |  | <i>Total:</i> <input type="checkbox"/> 80 <input type="checkbox"/> 140 <input type="checkbox"/> 180 <input type="checkbox"/> 220 <input type="checkbox"/> 260 |  |
| Date received:             |  | Financial Aid:  |  |
| Receipt #:                 |  | Amount Paid:  |  |
| Check/Cash                 |  | Balance:  |  |

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## Authorization of Consent to Treatment of a Minor(s):

I / We, the undersigned, parent(s) of the minor(s) listed in the registration form, do hereby authorize Al-Ihsan Sunday school and ICQC, 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 August of current year and ends in June of the following year, unless revoked in writing and delivered to Al-Ihsan Sunday school and ICQC. We hereby give permission for my/our child/children to attend the Al-Ihsan Sunday school and ICQC. 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 conditions or allergies that may occur with my child, as stated in the registration form.

## Liability Release:

By signing this contract I/we give permission for the student(s) named in the application form to take part in all school activities, including sports and field trips, and I/we waive and release The Al-Ihsan Sunday school and ICQC or any of its staff, 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.

I / We, the undersigned, agree to save and hold harmless The Al-Ihsan Sunday school and ICQC, 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 ICQC. By signing this agreement, I/We, also declare to have received School Brochure, have understood, and agree to abide by the listed responsibilities.

Al-Ihsan Sunday school and ICQC will abide by the Federal and Illinois state laws.

Parent/Guardian (Print Name)

Signature

Date

|                                 |  |
|---------------------------------|--|
| <b>FAMILY IDENTIFICATION #:</b> |  |
| <b>STUDENT COUNT:</b>           |  |