

المدرسة الإسلامية في دايтона بيتش
ISLAMIC ACADEMY OF DAYTONA BEACH

Registration Form

School Year: _____

Student Information:

Child's Name: _____ Age: _____ Birthday: _____ M F

2nd Child's Name _____ Age: _____ Birthday: _____ M F

3rd Child's Name _____ Age: _____ Birthday: _____ M F

Home Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address (if different from home): _____

Name of Person(s) having custody of child: _____

Contact Information:

Child lives with: _____

Mother/Legal Guardian name _____ Occupation/Employer: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father/Legal Guardian's name _____ Occupation/Employer: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Health Information:

Does your child have any known allergies? If so, please list below

Does your child have any medical conditions or any areas of concern which we should be made aware of?

Does your child have any speech, hearing or visual problems? _____

Would there be any restrictions to play or activities? _____

Pick up Authorization: Only the following people are authorized to pick up and drop off your children

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

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ISLAMIC ACADEMY OF DAYTONA BEACH

The Student and Parent Handbook is available at <http://ic-db.weebly.com/student-handbook.html>

Registration Fee: \$100 per family

Early Registration Discount: \$25.00 for registration now through May 21st

\$50.00 for registration May 22nd through Ramadan

\$100.00 for registration after Ramadan

Yearly Tuition: \$540.00 1st Child \$350.00 2nd Child \$250.00 3rd + Child

OR

9 Equal Monthly Payments: Due the first Sunday of every month

\$60.00 1st Child \$40.00 2nd Child \$30.00 3rd + Child

Educational Zakat: application will be accepted before the start of the school year ONLY. Please request an application from the staff.

Sponsorships:

I would like to sponsor ____ student(s) for the _____ school year.

Check attached____ Bill me monthly_____

Donation: I would like to make a monthly donation towards IADB to be used for school supplies and course materials.

The Academy is closed during Eid, Winter Break, and Spring Break. A yearly school calendar will be available at the beginning of the school year.

APPROVED STAFF AND VOLUNTEERS ONLY MAY STAY AT THE ACADEMY DURING OPERATION HOURS.

I HAVE READ AND UNDERSTOOD ALL POLICIES AND PROCEDURES FOR ISLAMIC ACADEMY OF DAYTONA BEACH AS OUTLINED IN THE STUDENT HANDBOOK

Parent Name _____ Signature _____ Date _____

I AGREE TO PAY FULL MONTHLY TUITION OF 9 PAYMENTS _____ OR YEARLY TUITION _____ REGARDLESS OF NUMBER OF DAYS ATTENDED.

Parent Name _____ Signature _____ Date _____