



# Islamic Center of East Madison Weekend School 2017-2018 School Year

## REGISTRATION FORM

### PARTICIPANT INFORMATION

Please type or print legibly.

No.	Student's Name <small>Last                      Middle Initial                      First</small>	Date of Birth	Current Grade in Regular School	Level Admitted
1.				
2.				
3.				
4.				
5.				
6.				

**Home address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postal/Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mother's name:** \_\_\_\_\_ **Father's name:** \_\_\_\_\_

**Mother's email:** \_\_\_\_\_ **Father's email:** \_\_\_\_\_

**Mother's cell:** \_\_\_\_\_ **Father's cell:** \_\_\_\_\_

**Other Person Authorized to pick up child:**

**Emergency contact\*:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Other Dismissal Arrangements** \_\_\_\_\_

**Snacks:** If you will be sending your child's lunch and or snack, please be sure that your child's lunch is clearly marked with your child's name and last name. Glass bottles/containers are not allowed.

**Monthly School Donation:** Donation may be made by cash or by check payable to: **Islamic Center of East Madison**

Student(s)	1	2	Each additional Student
Donation	<b>\$50</b>	<b>\$100</b>	<b>\$25 per student</b>

I understand that the first Month balance is due on registration day. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to ICEM Weekend School every day on time.

**DROP OFF AND PICK UP TIMES**

Drop off time:

- 10 AM for Full Session

Pick up time:

- 1:30PM for full session
- A \$1 fee will be charged for every minute late after a 10 minute courtesy wait.

**REQUIRES PARENT'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child (s) as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Insurance carrier \_\_\_\_\_

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Who is financially responsible for the student? \_\_\_\_\_

I hereby give permission to **Islamic Center of East Madison**, to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I understand that **Islamic Center of East Madison** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Islamic Center of East Madison**, or its scheduled program and that **Islamic Center of East Madison**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Contact Information:**

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