

In the name of Allah, the Beneficent, the Merciful

ISLAMIC CENTER OF ROCHESTER, INC.
WEEKEND SCHOOL REGISTRATION FORM

New Registration

School Year: 2014-2015

(Check one only)

Saturday

Sunday

FAMILY*:

Last Name:

(Father's First Name)

(Mother's First Name)

Address*:

City

State

Zip

Phone

Home*: (____) _____

Work: (____) _____

Cell: (____) _____

E-mail*: _____

*Required Fields

CHILDREN:

Name *(first, then middle-if any)*

Gender

Date of Birth

Grade(at ICR)

(1) _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
(2) _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
(3) _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
(4) _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
(5) _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
(6) _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

Tuition:

Saturday and Sunday School: \$250 per year for the first child, \$150 per year for each additional child.
Tuition is payable in full at registration.
Maximum annual fee per family is \$550.

Please Note that Tuition does not include payment for books

Amount Paid \$ _____ Balance Due \$ _____

For Office use Only

Method of Payment: Cash [Cheque No: _____]

Disclaimer: The Islamic Center of Rochester conducts these educational programs for the benefit of the Muslim community of the Greater Rochester area. The Center assumes no responsibility for any type of personal injury or loss of property that, Allah forbid, may occur while at the center.

Signature of Parent/Guardian:

Date:

727 Westfall Road

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