



IAMC Weekend Preschool Application Form 2011-2012

Child's Name _____ Date of Birth ____/____/____ Age ____ M/F

Home Address: _____

Parent or Guardian's Name _____ Relationship _____

Phone #: _____ (work/cell/home) email: _____

Parent or Guardian's Name _____ Relationship _____

Phone #: _____ (work/cell/home) email: _____

Please provide copies of the Parent or Guardians' Driver's Licenses.

What makes your child happy? _____

What frightens your child? _____

Will child need assistance using the toilet? Y / N How does your child indicate he/she needs to go to the restroom? _____

List any special problems your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long-term use, and any other information which the IAMC Weekend Preschool should be aware of:

Please provide proof of child's age (birth certificate or other medical record). Child's Shirt Size: _____

If anyone else is authorized to pick up the child, please provide their full name and driver's license number. **Children will only be released upon verification of ID.**

Emergency Contact Phone (if parents/guardian cannot be reached): _____

Application Fee: \$30 Please make checks payable to "IAMC" and include the **application fee only** with this form.
Tuition per child: \$400 for the year (Fall 2011 – Spring 2012). Tuition is due on Orientation Day (August 27th).
School Donation or sponsorship amount: \$ _____

Application deadline is AUGUST 14, 2011. Late applicants will be considered at the discretion of our Directors. Contact Abedah Nauert or Sameena Karmally at 817-788-8820 or preschool@collevillemasjid.org if you have any questions.

Disclaimer: I hereby grant permission for these student(s) to participate in all activities of the IAMC Weekend Preschool. I assume full responsibility for any injuries or damages which may occur to these student(s), in, on, or about the premises of the said school, or arising out of its activities, where ever it may be, including transportation to and from the school and its activities. I further grant permission to the IAMC Weekend Preschool administration, its teachers or volunteers to provide emergency first aid and/or hospitalization to these student(s) in case of injury or illness as deemed appropriate by IAMC Weekend Preschool. Any medical expenses incurred for medical treatment shall be my responsibility. Additionally, I, hereby release the IAMC Weekend Preschool and its staff, affiliates, partners, teachers, volunteers of all liabilities of any possible injury to my child(ren) emotional, mental or physical on and off the Masjid premises.

Signature – Parent or Legal Guardian _____ Date _____

No of Children: _____ Amount Due: _____ School Use Only Amount Paid: _____ Amount Pending: _____
Received By: _____ Date: _____ Additional Notes: _____