

GPIS Quranic Program

REGISTRATION FORM

(All contact information **MUST** be filled out in order for your child to be enrolled)

Parent Information					
Last name	First name	Middle name	Date of Birth		
Home street address		Apt #	City	State	Zip code
Home phone		Cell phone		Work Phone	

Class Schedule/Enrollment Fee	
GPIS Quranic Program	(Please choose which program/s your enrolling your child)
	Weekend (Sat-Sun) - (8am-1pm) Tuition fee: \$60 per child/monthly <input type="radio"/>
	After School Quranic Program (Mon & Thurs 5pm-7pm) Tuition fee: \$50 per child/monthly <input type="radio"/>
	Tutoring and Homework Help (For students already enrolled in a program) fee: FREE <input type="radio"/>
Tuition due the 1st of every month, No later than the 1st Saturday.	

Child Information	
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Medical and health Information			
Insurance provider	Policy Number	Allergies/considerations	Comments
During school hours, does your child require a non-oral medication? (Ex: injection, eye/ear drops, application to skin, etc.)		Yes	No
During school hours, does your child need help with a medical procedure? (Ex: blood sugar, NG feeding.)		Yes	No

Emergency Contact Information	
First name	Last name
Relationship to Student	Phone Number

IMPORTANT NOTICE: All Parents are to pick up and drop off their child/children with the teacher at the sister's entrance every day they attend the GPIS Quranic Programs, this is to ensure the safety and security of each child, the main masjid door will be locked. Lost and Found is located by the shoe rack on sister's side entrance, NO SOUPY FOOD OR COLORED DRINK ALLOWED, children may bring a resealable water bottle for use, the masjid provides clean filtered water.

I authorize GPIS to request emergency assistance for my child if there is an emergency requiring immediate medical attention, and a parent or legal guardian cannot be contacted, GPIS Islamic school is authorized to take whatever steps are needed to protect the health of the student. I certify that all of the information I have provided on this form is true and accurate. I understand that falsification of any information or submission of misleading information will be cause for revoking the student's school application. I have read the rules and regulations of GPIS and agree to abide by them.

Parent/Legal Guardian Signature: _____

Date: _____

Print Name: _____

