



ISLAMIC CENTER OF FRISCO - FRISCO MASJID

Nazra Program

<http://www.friscomasjid.org>

REGISTRATION FORM

Students : <input type="checkbox"/> New <input type="checkbox"/> Returning		E-mail:		Reg #:			
Fathers's Name:			Mother's Name:			Notes:	
Last:		First:	Middle:	Last:		First:	Middle:
Street:			City:		Zip:		
Home #		Father's Cell #		Work #		Mother's Cell#	
Work#		Emergency Contact* Name:		Address:		Phone #:	
Allergies or Other Medical Conditions:							

	First Child		Second Child		Third Child		Fourth Child	
Name:			Name:				Name:	
D.O.B. :	/ /	Age:	D.O.B. :	/ /	Age:	D.O.B. :	/ /	Age:
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female

	FEE SCHEDULE			
	1 Child	2 Children	3 Children	4 Children
Monthly	<input type="checkbox"/> \$65	<input type="checkbox"/> \$130	<input type="checkbox"/> \$195	<input type="checkbox"/> \$260

Payment (Masjid Use)		
Tuition	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	\$
Others	(Specify):	\$
Total	Check # <input checked="" type="checkbox"/> Cash	\$

**The Emergency Contact may be a relative, friend, or neighbor living in Collin/Denton County area. It CAN NOT be the enrolling parent, a spouse or an older sibling.*

Disclaimer

I, hereby release the Frisco Masjid, 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.

Parent/Guardian Signature

Date: