

# Al-Fatiha School - ISWMD

Address: 2036 Day Road, Hagerstown, MD 21740

Telephone: 301-797-0922

## REGISTRATION FORM (Ages 5-15)

SCHOOL YEAR 2017-2018

Father's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Mother's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Student Information

Student Name	Date of Birth/Age	Gender (M/F)	Fees	Sunday School Grade Level (Completed)
1.			\$100	
2.			\$100	
3.			\$50	
4.			Free	
5.			Free	

Payment Type: (cash/check) \_\_\_\_\_ Total Annual School Fees: \$ \_\_\_\_\_

(Please make checks payable to ISWMD or place cash in an envelop with the names of each student registered, and right Sunday School in "Memo" Section.

*\* I hereby certify that I have been briefed and have read Al-Fatiha School rules, and I will abide by them. Al-Fatiha school is not responsible for children before 10:15 A.M. and after 2:00 P.M.*

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_