



THE FOUNDATION FOR ISLAMIC EDUCATION

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The Weekend School Program

REGISTRATION FORM 2016-2017 ACADEMIC YEAR

Student: Last Name	First Name	Middle Initial	Gender (M/F)	Date of Birth	Level Assigned (Office Use Only)
1.					
2.					
3.					
4.					

Address

Street _____

City _____ State _____ Zipcode _____

Father/Guardian

Name _____ Social Security Number _____

Cell Phone _____ Email _____

Mother/Guardian

Name _____ Social Security Number _____

Cell Phone _____ Email _____

Emergency Information

In case of emergency, Other contact:

Name: _____ Phone: _____

Allergies? _____



The Foundation for Islamic Education - Weekend School 2016-17

Student	Tuition	# of Students	Total
First Child:	\$480		
Second Child:	\$440		
Third Child:	\$400		
Fourth Child:	\$300		

PAYMENT POLICY

\$100.00 per child due upon registration. Balance to be paid in three installments due November 1st, January 1st, and the final installment on March 1st of the current school calendar year.

WITHDRAWAL POLICY:

Parents can cancel their children's registration within the first three weeks of school. Administration fee of \$ 50.00 will be applied. Parents are responsible to pay the full tuition if they decide to withdraw their children from school after the first three weeks of school year.

Acknowledgement: I Acknowledge that I am responsible for checking my child(ren)'s homework every week and help him/her/them study at home for the assignments, tests, and attend the parent-teacher meetings to review my child(ren)'s progress in the Weekend School. By signing this form, I also acknowledge that if I fail to keep up with the progress of my child(ren) throughout the year, the Principal's / FIE School Director's word will be the final word regarding my child's promotion to the next level.

Release of Claim:

I hereby release the Foundation for Islamic Education "FIE", its Board of Trustees, the Executive Council, the School Administration, and the Organizers of Special Events (collectively called "FIE" from here on) from all actions, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against FIE for all personal injuries or loss of property known or unknown which me or my dependents (children, grand children, spouse, parents, guests, and children under my guardianship) have or may occur by our use of FIE property or participating in FIE activities. I also give permission for my dependents to receive emergency medical treatment, if required, as a result of injury or illness, which may occur on FIE property.

Authorization for Photo, Voice, Video Release:

I give permission to FIE for the use of photographs, voice recordings, video and written extractions, in whole or in part, of (child's name) _____ for the purpose of publications or advertising including the School's web page.

I do not give permission.

Name (Print): _____ Date _____

Signature _____

** While we will try our best to accommodate your preference, the administration holds the right to make the final decision according to the needs of the school.