

Registration Form

Islamic Circle of North America



PARENT OR GUARDIENT INFORMATION

Parent Last Name: _____

Parent First Name: _____

Home Street Address: _____

City & Zip: _____

Home Phone #: _____

Cell Phone #: _____

Email: _____

Emergency Contact Name: _____

Emergency Phone #: _____

STUDENT INFORMATION

Student Last and First Name	M/F	Date of Birth	Allergies
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

STUDENT MONTHLY FEES

One student	\$90
Two students	\$150
Three or more Students	\$200