

AL-SIDDIQ SCHOOL

7360 W. 93rd Street, 2nd Floor, Bridgeview, IL 60455 (Registration)

Office hours: Sunday 9:30 to 11:00 am (during school), Monday to Thursday 11:30am to 1:00pm, Friday 1.00 to 3.00pm

School Time: 9:45am to 3:15pm (Sundays only)

School phone on Sundays (708) 717-8187

School Accountant Phone (708) 430-5666 x7

For Internal Use Only

Account #: _____ Referral: _____ Amount paid: \$ _____ Cash Ck CC

Registration Form

Date: _____ Staff title: _____ اسم العائلة باللغة العربية: _____ اسم الأب باللغة العربية: _____

Father's Name _____ Occupation: _____ Work Phone #: _____
(First) (Last)

Mobile: _____ Email: _____ Speaks at home: Arabic English Other _____

Father's Education: High school or less Some College College Master's or Higher

Mother's Name _____ Occupation: _____ Work Phone #: _____
(First) (Last)

Mobile: _____ Email: _____ Speaks at home: Arabic English Other _____

Mother's Education High school or less Some College College Master's or Higher

Home Address _____ City _____ State _____ Zip _____

Home Phone: _____ Other Email _____ How many students: _____

Student's Information: Please provide complete information for each student.

#	Student's Name	Date of Birth MM/DD/YY	Gender	Last Islamic School Attended	Teacher at Al-Siddiq	Grade at Regular School	Name of Regular School
1							
2							
3							
4							
5							
6							

Please provide the following information for each student whether have a health condition or not.

Student's Name	Asthma	Carries Inhaler	Food Allergies	Other Allergies	Foods or things student is allergic to	Special Needs*
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		

**Failure to provide this information will give Al-Siddiq School the right to expel the student and keep all the fees.*

Language Information: Please provide the following information for each student

Student's Name	Language child speaks at home	Language child uses to read	Country of Birth
	Arabic <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>	Arabic <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>	US <input type="checkbox"/> Other <input type="checkbox"/> (_____)
	Arabic <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>	Arabic <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>	US <input type="checkbox"/> Other <input type="checkbox"/> (_____)
	Arabic <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>	Arabic <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>	US <input type="checkbox"/> Other <input type="checkbox"/> (_____)
	Arabic <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>	Arabic <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>	US <input type="checkbox"/> Other <input type="checkbox"/> (_____)
	Arabic <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>	Arabic <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>	US <input type="checkbox"/> Other <input type="checkbox"/> (_____)
	Arabic <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>	Arabic <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>	US <input type="checkbox"/> Other <input type="checkbox"/> (_____)

List any additional information about your child/children for their teacher/s to know:

Please provide information on whom we can contact in an emergency in case you are not available.

#	Name	Relationship	Phone #	Can pick your child/children up?
1				Yes <input type="checkbox"/> No <input type="checkbox"/>
2				Yes <input type="checkbox"/> No <input type="checkbox"/>
3				Yes <input type="checkbox"/> No <input type="checkbox"/>

Please read and sign the following statements:

I, the undersigned, certify that I am the parent/legal guardian of the student(s) and agree that failure to abide by the following rules may result in the dismissal of my child/children without a refund. We,

- Obey all rules and policies set forth by Al-Siddiq and its authorized personnel
- Authorize Al-Siddiq School staff/volunteers to take my child/children to the Mosque
- Authorize Al-Siddiq School staff/volunteers to provide necessary health care to my child/children in case of an emergency, including calling 911 and the transfer of my child/children to a health care facility. I am responsible for all the charges of this transfer and health care provided to my child/children.
- Allow School staff/volunteers to take pictures or videos of my child/children that may published in various media.
- Agree to pay all charges for my child/children. School reserves the right to take appropriate action for non-payment.
- Agree to pay \$45 returned check fee and \$25 monthly processing fee per child for any balance due on 2/1/19
- Accept that there is no discount, refund or transfer of the registration fee (\$200) or books/educational materials fee (\$25) for any reason.
- Understand that there is no refund or discounts for cancellation of classes or school
- Understand that not attending school doesn't constitute withdrawal which must be reported to the accountant
- May not receive tuition refunds for student withdrawn after 10/1/18; are responsible for full tuition payment
- Will follow up with school for payments and announcements
- Shall handle all issues with the School staff/volunteers in a civil and non-disruptive manner
- Follow teachers' communication methods such as WhatsApp, Remind, family messenger to learn about school activities
- Are responsible to check emails to get school announcements and communications
- Have to arrange safe transportation for our child/children to come to and go from school in timely manner
- Relieve the Mosque Foundation, its related entities, staff, volunteers, representative, and independent contractors from any liability whatsoever related to my child/children attending the School or participating in any of its activities.
- For school staff only: Unpaid fees will be deducted from October paychecks
- Read and fully understood the information above and testify that all the information provided here is true and accurate

Name of Parent/Guardian: _____ Signature of Parent/Guardian _____ Date _____