

AL-SIDDIQ SCHOOL

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

Email registration form to mm@mosquefoundation.org and pay by phone.
Office hours: Monday to Thursday 11:30am to 1:00pm, Friday 1.00 to 3.00pm
Ramadan Hours: 11:30am to 4:00pm everyday
School Time: 9:45am to 3:00pm (Sundays only)

School phone on Sundays (708) 717-8187

School Accountant Phone (708) 430-5666 x7

For Internal Use Only

Account #: _____ Update: _____ Work: _____ Volunteer/Hour: ____/____ Amount paid: \$ _____ Cash Ck CC

Registration Form

Date: _____ Staff title: _____ إسم العائلة باللغة العربية: _____ إسم 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 be 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 01/31/24.
- Accept that there is no discount, refund, or transfer of the registration fee (\$200) or books/educational materials fee (\$50) for any reason.
- Understand that there is no refund or discount 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 students withdrawn after 10/16/23; 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.
- Must arrange safe transportation for child/children coming or leaving school in a 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 _____