



ICNM Sunday School Student Registration Form Fall 2015

Last Name: _____

Student's Name	Gender	Grade or Age	Please list any allergies

Father's Name: _____ Phone #: _____

Mother's Name: _____ Phone #: _____

Emergency Contact Person: _____

Relation to Student: _____ Phone: () _____

- *I understand that ICNM is only responsible for the students during the program hours, which are 10:00am-2:00pm.*
- *I understand that Judo classes are not part of Sunday school, so Sunday school administration is not responsible for the Judo student during the Judo class .Brother AbdulRauf has a separate form that has to be filled.*

Signature of Parent or Guardian

Date Signed

- ❖ *Fees: First Child \$100, Second child \$75, Third Child \$50, Fourth and more \$25 each*
- ❖ *Please bring your own lunch.*

<u>For Office Use Only:</u>
Payment Received: _____ Date Received: _____
Cash check Exempt (Reason of exemption) _____
School Administrator Signature _____