



In the Name of Allah, the Most Beneficent, the Most Merciful

LONG ISLAND MUSLIM SOCIETY, INC.

475 East Meadow Avenue, East Meadow, NY 11554 Tel: (516) 357-9060

Weekend Islamic School Registration Form

2015-2016

Parent/Guardian Information:

Father/Guardian (Last Name)

(First Name)

Mother/Guardian (Last Name)

(First Name)

Address

City

State

Zip Code

Home Telephone: ()

Emergency Telephone: ()

E-mail Address: _____

Student Information:

Last Name	First Name	Date of Birth	Sex M/F	Grade in School

Parent Declaration/Waiver

"We hereby enroll the above listed child (ren) in LIMS and grant our permission for their participation in all activities of the school including field trips. We agree to hold harmless the Executive Committee, the Islamic Center, and their agents from any and all liabilities, claims, injuries, or losses. We are aware of the school policies and agree to abide by them."

Parent/Guardian Signature: _____

Date: _____

Registration Fee: 1st child: \$450; additional children: \$300 per child (For full academic year)

Office Use Only

Amount Paid _____ Check/Cash _____

Date _____ Classroom assigned _____

Authorized Signature: _____