



In the name of Allah, the Most Beneficent, the Most Merciful
LONG ISLAND MUSLIM SOCIETY, INC.

475 East Meadow Avenue, East Meadow, NY 11554 || ☎: (516) 357-9060 || <https://www.limsinfo.org>

Weekend Islamic School Registration Form 2023-2024

Parent/Guardian Information:

*Father/Guardian (Last Name)

*(First Name)

*Mother/Guardian (Last Name)

*(First Name)

*Address

*City

*State

*Zip

*Home Telephone: () _____

*Emergency Telephone: () _____

*E-mail Address

Second E-mail Address

Student Information:

| *Last Name | *First Name | *Date of Birth (mm/dd/yyyy) | *Grade in School |
|------------|-------------|--------------------------------|---------------------|
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Note: * Required information.

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: \$500.00 additional children: \$400.00per child (For full academic year)

OFFICE USE ONLY:

Amount Paid: _____ Check/Cash: _____ Date: _____ Classroom Assigned _____

Authorized Signature: _____