



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

LONG ISLAND MUSLIM SOCIETY

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

<https://limsinfo.org/> Email: longislandmuslimsociety@gmail.com

Saturday Islamic School Registration Form

10:30 AM - 1:00 PM

Parent/Guardian Information:

Father/Guardian (Last Name)

(First Name)

Mother/Guardian (Last Name)

(First Name)

Address

City

State

Zip Code

Cell Telephone: _____ Emergency Telephone: _____

E-mail Address: _____

Indicate child's any medical condition or allergy: _____

Student Information

Last Name	First Name	Date of Birth M/D/Y	Gender	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 games and field trips. We agree to hold harmless the Board members, teachers, volunteers, 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: _____

Tuition (Sept. to June): \$600 per child / \$50 Sibling discount

Office Use Only

Amount Paid _____ Check/Cash/CC _____ Date _____ Classroom assigned _____

Authorized Signature: _____