



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](mailto:longislandmuslimsociety@gmail.com)

## Maktab Islamic School Registration Form

5:00 PM – 7:00 PM (Mon - Thu)

### **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**

<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth M/D/Y</b>	<b>Gender</b>	<b>Grade in School</b>

## **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:**\$100 Monthly per child (yearly \$1100. Yearly \$1000 if paid in one installment)

## **Office Use Only**

**Amount Paid** \_\_\_\_\_ **Check/Cash/CC** \_\_\_\_\_ **Date** \_\_\_\_\_ **Classroom assigned** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_