



Peace Academy

Registration Form

Version 1.0

Child Name _____ DOB _____ M/F _____

Class Name: *Islamic Studies*

Any other Information:

List any special consideration(s) your child may have, such as allergies, medications needing to be administered during class times, and any other information that the Academy instructors should be aware (of):

Allergic to: _____ Reaction(s): _____ Treatment: _____
Other Consideration(s): _____

Child Name _____ DOB _____ M/F _____

Class Name: *Islamic Studies*

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Home Address: _____ Home Phone _____

Father/Guardian's Name _____ Relationship _____

Cell: _____ Email: _____

Mother /Guardian's Name _____ Relationship _____

Cell: _____ Email: _____

Emergency Contact Phone (cell) (if parents/guardian cannot be reached): _____

Program: Age: 4+ years: Monthly Fee: \$30/child

Timings: **Wednesday** – 6:00 p.m. to 8:00 p.m.

Please make checks payable to "ISGVF", noted Peace Academy.

\$15 late fees will be charged if the monthly payment is not received by 7th of each month.

Please contact peaceacademy@isgvf.com (Subject: Peace Academy) if you have any questions.

If anyone else is authorized to pick up the child, please provide their full name. **Children will only be released upon verification of ID.** Parent(s) should pick up the children promptly at the end of each class. Academy is not responsible for children after class ends.

Consent: I acknowledge that I am responsible for checking my children homework every week and help him/her/them study at home for the assignments, tests, and attend the parent-teachers meeting to review my children progress. By signing this form, I also acknowledge that the Imam / Academy administrator's decision will be the final word regarding my child's promotion to the next level.

Release of Claim: I hereby release Academy, its Board, the Executive Council, the School Administration, and the Organizers of Special Events (collectively called "ISGVF" from here on) from all actions, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against ISGVF for all personal injuries or loss of property known or unknown which me or my dependents (children, grand children, spouse, parents, guests, and children under my guardianship) have or may occur by our use of ISGVF property or participating in ISGVF activities.

Signature – Parent or Legal Guardian

Date

Administration Use Only

Amount Due: _____ Amount Paid: _____ Amount Pending: _____ Enrollment Accepted Yes/No

Received By: _____ Date: _____ Additional Notes: _____ Candidate # _____