



# Peace Academy

## Registration Form - Islamic Studies

Version 2.0

Father/Guardian's Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: Street : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother /Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Program:** Age: +5 years Monthly Fee \$30/Child

**Timing:** Wednesday: 6:00 pm to 8:00 pm

"I authorize Islamic Society of Greater Valley Forge to convert my check to an ACH debit from my account." **OR**

Bank Name: \_\_\_\_\_ Account Holder Name: \_\_\_\_\_

Bank Routing number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Payment:** I hereby authorize Islamic Society of Greater Valley Forge to run the ACH for monthly tuition fee. I will inform Academy Administration minimum of 3 months in advance if I decide to withdraw my children from the Academy, else, I agree to pay the tuition fee for the 3 month period.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please contact [peaceacademy@isgvf.com](mailto:peaceacademy@isgvf.com) 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 homework every week and help him/her/them study at home for the assignments, tests and attend the parent-teachers meeting to review my childrens progress. By signing this form I also acknowledge that the Imam/Academy adminstrator'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 Adminstration 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, grandchildren, 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

**Candidate #** \_\_\_\_\_ **Enrollment Accepted Yes/No** \_\_\_\_\_

**Amount Due:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Amount Pending:** \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Additional Notes:** \_\_\_\_\_



# Peace Academy

## Registration Form - Islamic Studies

Version 2.0

Child Name \_\_\_\_\_ DOB \_\_\_\_\_ M F

**Class Name:** *Islamic Studies*

Any other Information:

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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*

Any other Information:

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Child Name \_\_\_\_\_ DOB \_\_\_\_\_ M F

**Class Name:** *Islamic Studies*

Any other Information:

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Child Name \_\_\_\_\_ DOB \_\_\_\_\_ M F

**Class Name:** *Islamic Studies*

Any other Information:

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Other Consideration(s): \_\_\_\_\_