



After School Program

Registration Form

Boys & Girls (Ages 5 and up) * M-F 5:00pm-7:00pm

Admin Email: education@nidaulislam.org

<u>Fee Schedule</u>	<u>Payments</u>
Student Fees: \$50 /per month for 1 st child \$40 /per month for 2 nd and each additional child + \$ _____ \$25 One Time Admission/Book Fee per child \$ _____ <p style="text-align: right;">Total: \$ _____</p> <p style="text-align: right;">Balance Due: \$ _____</p>	<ul style="list-style-type: none"> Required \$25 Admission/Book fee per student is due at the time of registration. Please make check payable to Nida-Ul-Islam. In memo section write After School Program with name of child/month. Drop of your enrollment form and check at NUI or Mail it to 250 Hargreaves Ave. Teaneck,NJ 07666 <p style="text-align: center; font-weight: bold;">** do not mail cash</p>
*OFFICE USE ONLY: ___ Paid Cash ___ Paid Check / Check # _____	

#	First Name	Last Name	Date of Birth	Age	Gender	Grade in Regular School
1						
2						
3						
4						
5						

EMERGENCY CONTACT INFORMATION

Emergency Contact Person # 1

Name: _____ Relationship _____

Address: _____ City / State / Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person # 2

Name: _____ Relationship _____

Address: _____ City / State / Zip: _____

Home Phone: _____ Cell Phone: _____

Waiver

I give permission to Nida-UI-Islam to obtain any medical care necessary for the welfare of my child/children through a qualified person, physician or hospital in case of any injury or sickness during school hours. I give permission to my child to participate in all indoor and outdoor school activities held in conjunction with the After School Program and within the premises of the Nida-UI-Islam Islamic Center. I hereby waive all rights claims against NIDA-UL-ISLAM, its management, Essentials-After School Program teachers and volunteers.

Parent/Guardian signature: _____

Print Name: _____ Date: _____

For Office Use Only

Accepted by: _____ Date: _____

Signature: _____ Date: _____