CIMIC WEEKEND SCHOOL REGISTRATION FORM

(Arabic School and Islamic School)
106 S. Lincoln Ave., Urbana, IL 61801
(217) 344-1555; www.cimic.org

(Circle one) Fall/Spring/Summer 20____
A single form can be filled for all siblings in a family. (**PLEASE USE CAPITAL LETTERS**)

	(Child's) Last Name	**First Name**	**M.I.**	**Public school grade**	**Dt/o/Birth (mm/dd/yr)**
1.	_____	_____	____	____	_____
2.	_____	_____	____	____	_____
3.	_____	_____	____	____	_____
4.	_____	_____	____	____	_____

Special dietary/disciplinary/emotional concerns about the child(ren): _____

Parent's Names: _____

Parent's Address: _____

_____

Parent's phone numbers: _____(H)_ _____(Cell 1)_ _____(Cell 2)_ **E-mail:** _____

Emergency Contact Person's Name & Phone number: _____

In case of medical emergency, I authorize the CIMIC Islamic School administration/staff to take/send my child(ren) to _____ hospital for treatment.

Islamic School sometimes needs volunteers to assist, among other activities, in orderly start and discharge of school, during snack time, and others. Are you willing to volunteer to help: (circle one) **YES** **NO**
If yes; please specify any special requests: _____

_____

Parent's signature: _____ Date: _____

Please do not write below this line (for school use)

Sp/Sum/Fall ____ Fees Paid: $ ____ Balance (if any): $_____ Principal's signature: _____