



Sunday School ICNE, Sharon MA
74 Chase Drive, Sharon, MA 02067
(781) 784-0990

Parent's Information: (Please Print)

Father's Name:	(First Name)	(Last Name)
Mother's Name:	(First Name)	(Last Name)
Address:		
Home Phone:		Cell Phone:
e-mail Address		
Parents' Signature:		Date:

I will abide by the schools rules and regulations and shall be responsible their behavior and actions.

Student's Information: (Please Print)

1st Student's Name:	(First Name)	(Last Name)
2nd Student's Name:	(First Name)	(Last Name)
3rd Student's Name:	(First Name)	(Last Name)
4th Student's Name:	(First Name)	(Last Name)

Emergency Contact: (Please Print)

Name:	(First Name)	(Last Name)
Address:		
Home Phone:		
Cell Phone:		

Annual Tuition Fee:

Number of Students	Tuition Fee	Cost of Books	Total Fee
1st Student:	\$325	\$25	\$350
2nd Student:	\$300	\$25	\$675
3rd Student:	\$275	\$25	\$975
4th Student:	\$250	\$25	\$1250

Payment Policy: Total payment upon registration is required. Please make check payable to: Sunday School, ICNE, Sharon.

Collection of Fees:

Total Tuition Fees	Paid	Date	Check Number	Balance Remained	Collector's Signature

"ICNE will not be responsible for any accidental injury to your child/children on the ICNE campus. Please provide the proof of your family health insurance"

Provider's Name: _____ Parents' Signature: _____