

**Sunday School of Islamic Studies, 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	(School closings and general accouchements are send via e-mail)	
Parents' Signature:		Date:

I will abide by the school's rules and regulations and shall be responsible for their behavior and actions.

Student's Information: (Please Print)

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

Please Pick-up the Student(s) Promptly @ 2:00 pm. Neither The Islamic Center of New England or The Sunday School of Islamic Studies, Sharon, MA; Are Responsible For Students Left After 2:00 p.m.

Emergency Contact: (Please Print)

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

Annual Tuition Fee:

Number of Students	Tuition Fee		
1st Student:	\$500.00		
2nd Student:	\$900.00		
3rd Student:	\$1,250.00		
4th Student:	\$1,600.00		

Payment Policy: Full Payment is due upon registration. Please make check payable to: Sunday School of Islamic Studies, ICNE, – Sharon.

Collection of Fees:

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

"ICNE will not be responsible for any injury to your child/children on the ICNE campus. Please provide your health insurance information for emergency"

Insurance Provider's: _____ Parents' Signature: _____