



SUNDAY SCHOOL

108 south Lakewood Rd. Lake in the Hills, IL 60156, USA 847-604-4818

Website: <http://amco.org> E-mail: school@amco.org

REGISTRATION FORM FOR 2017-2018 SCHOOL YEAR

Currently Attending AMCO Sunday school: YES NO

Father's Name: _____ Mother's Name: _____

Home Phone # :(____) / ____ / ____

Father's Cell # :(____) / ____ / ____ Mother's Cell # :(____) / ____ / ____

Father's Email Address: _____

Mother's Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent volunteers interested in: Library Lunch Recess Supervisor Events

STUDENT INFORMATION

First Name	Last Name	Date of Birth (MM / DD / YYYY)	Gender (M/F)	Grade	Photo** (Y/N)

Fee Structure:

Number of Students	Total Fee by Cash/Check	Fee Credit card (3% added)
One	\$250	\$
Two	\$300	\$
Three	\$400	\$
Four	\$400	\$

Fees include the cost of books, lunch & field

trips

Full Tuition fees will be due on the first day of school.

Additional \$50 per child after 9/17/2017

Tuition fees: NO REFUNDS AFTER 10/01/2017

Seats are not guaranteed if any class is full.

** Parental permission is required for posting photographs of students on AMCO Website/FB/Newsletter.

Yes: I give permission **No:** I do not give permission

- I will ensure my child(ren) follow the school rules
- I will ensure my child (ren) dressed in accordance with the Islamic Dress code.

Parent's Signature: _____

Date: ____/____/____

✓ Make Checks Payable to "AMCO" and include "Sunday school, Home/Cell Phone #" in the memo.

FOR OFFICE USE ONLY

Number of Students	Fee Cash/Check	Fee Credit card (3% added)
One	\$	\$
Two	\$	\$
Three	\$	\$
Four	\$	\$

Total: \$ _____

Fees Waived

Sponsor a child: \$ _____

Amount Paid: \$ _____

Payment Type : Check Cash CC

Check #: _____

Credit Card (**add 3% to the total amount**) :

Visa Master

CC#: _____

Expr. Date (MM/YYYY) : ____/____

EMERGENCY CONTACTS

Name	Phone 1	Phone 2	Relationship

CHILDREN MEDICAL INFORMATION:

Student Name	Grade	Medical, Allergies and other details

PARENTS/GUARDIAN RESPONSIBILITIES

Parents are expected to accept the following responsibilities for their children in accordance with Islamic guidelines:

- Pay all tuition fee dues for the student's enrollment in the school.
- Bring your children to school on time. They need to be well groomed and dressed in accordance with the Islamic Dress code.
- Make sure your children bring their books and all necessary study materials.
- Pick up your children on time
- Teach your children to respect everyone
- Encourage your children to be kind and courteous
- Encourage your children to respect teachers and to obey the school rules
- Actively support the programs and activities of the AMCO Sunday school.
- Attend Parent-Teacher Conferences when scheduled
- Dhuhr prayer is part of AMCO Sunday school curriculum and it is expected for all students and parents to participate.
- AMCO Sunday school Field trips will require Parent's permission. Field trips information and permission slip will be sent to parents.
- Check weekly with your children for homework assignments, quiz/exam dates, and for any written notices sent from AMCO Sunday school
- When needed, schedule appointments with the teachers to meet either before or after school.

Additionally:

- Parents are not allowed in the **classroom or hallway.**
- Any Parent who disrupts the operation of school and creates conflicts will have their child's registration cancelled.
- Sometimes children misunderstand or misinterpret the information given in the class. If you hear something from your child that sounds strange or wrong, **please verify the information with the teacher directly** instead of passing on the wrong information to others.

I *affirm* that the above information is **complete** and **true** to the best of my knowledge.

I verify and agree that my child must abide by the rules of the school and must participate fully in the program. I *understand* that **AMCO Sunday school** reserves the right to request any participant to leave the program if a participant's conduct is determined to be disruptive to the program and fellow registrants.

I *understand* that AMCO, its administration, officials, teachers, and staff are not responsible for any injuries or loss of property that may occur.

In the case of an emergency where I cannot be contacted, I *authorize* the administration to seek medical attention and/or administer any needed emergency procedures for the registrant. I also *authorize* my insurance information to be used, and I authorize **AMCO Sunday school or the insurance company** to release any information required to process the claim. I also *understand* that I am financially responsible for all costs incurred in the process.

I understand that my child (ren) will not be allowed to begin or continue with the program if payment in full is not made prior to the beginning of their first session

Print Parent Name: _____

Signature of Parent/Guardian: _____ Date: ___/___/___