NIDA - UL - ISLAM
CENTER OF ISLAMIC KNOWLEDGE

250 Hargreaves Ave, Teaneck NJ 07666, Ph: (201) 833 – 2162 www.nidaulislam.org

Essentials of Islam – Daily Taleem After School Program
Registration Form

Boys & Girls (Ages 5 and up) * M-F 6:30pm-7:30pm **Admin Email: education@nidaulislam.org**

Start Date: Monday Sept.19, 2016 ***First 2 WEEKS ARE FREE***

Fee Schedule

Student Fees: $50 /per month for 1st child
$40 /per month for 2nd and each additional child

\+ $_____

$25 One Time Admission/Book Fee per child $_____

Total: $_____

Balance Due: $_____

*OFFICE USE ONLY: ___ Paid Cash ___ Paid Check / Check # _____

Payments

- 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

**** do not mail cash**

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

PARENT INFORMATION

Father:_____ Mother:_____

Address:_____ City:_____

State / Zip:_____ Home Phone:_____

Cell Phone #1_____ Cell phone #2_____

Email Required: To notify about child homework, student progress, inclement weather closing, early closing etc.

Father's email:																									
Mother's email:																									

Medical Information:

Physician or Pediatrician_____ Telephone#:_____

Address:_____ City / State / Zip:_____

- Is your child taking any medication? ☐ Yes ☐ No If yes, explain_____
- Does your child have any allergies? ☐ Yes ☐ No If yes, explain_____
- Does your child have any physical disabilities? : ☐ Yes ☐ No If yes, explain_____
- Does child wear glasses or contacts? ☐ Yes ☐ No If yes, Specify_____
- Are there any restricted activities? ☐ Yes ☐ No If yes, Specify_____

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:_____

Emergency Contact Person # 3
Name:_____Relationship_____
Address:_____ City / State / Zip:_____
Home Phone:_____ Cell Phone:_____

Waiver

I give permission to Nida-Ul-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-Ul-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:_____ ___