

The Islamic School of Irving

Today's Learners Tomorrow's Leaders



Registration Starts	: Now Enrolling!
Registration Ends	: Full Capacity

OFFICE USE ONLY

Full time (7:00a.m – 6:00p.m) Part Time Morning (8:00 a.m. to 12:00 a.m)
 Part Time Afternoon (1:00a.m – 6:00p.m)
 Application Date: _____ Admission Date: _____ Withdrawal Date: _____

Registration Fee : _____ Auto Withdrawal Card Check# _____ Cash
 Resource/Material Fee : _____ Auto Withdrawal Card Check# _____ Cash
Enrollment Checklist :

Application Checked Enrollment Agreement Birth Certificate Immunization Record
 Emergency Card Automatic Withdrawal (if applicable)

Comments : _____

ENROLLMENT INFORMATION

Student's Information

Last Name:	First Name:	Middle initial:
Date of Birth: / / (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:
Interested in Bus Service? Yes <input type="checkbox"/> No <input type="checkbox"/>	Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Pending	

Father's Information:

Last Name:	First Name:	Middle initial:
Address:		City:
State:	Zip:	ICI Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:	Name of Employment: Does your employer provide gift matching? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone #:	Work #:	Cell #:
Email address:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widower	

Mother's Information:

Last Name:	First Name:	Middle initial:
Address:		
City:	State:	Zip:
Occupation:	Place of Employment:	
Home Phone #:	Work #:	Cell #:
Email address:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widower	

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PICKUP FROM SCHOOL		
I hereby authorize ISI to allow my child to leave the facility ONLY with the following persons (other than parents/guardian):		
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____

<u>CONSENTS & ACKNOWLEDGEMENTS</u>	
TRANSPORTATION	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not <u>give my</u> consent for my child to be transported and supervised by the school staff on field trips
WATER ACTIVITIES	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not <u>give my</u> consent for my child to participate in water activities <input type="checkbox"/> sprinklers <input type="checkbox"/> splashing pools <input type="checkbox"/> swimming pools <input type="checkbox"/> other bodies of water
FIELD TRIPS	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not <u>give my</u> consent for my child to participate in field trips.

PARENT COMMENTS**ACKNOWLEDGEMENTS**

I acknowledge receipt of "Early Childhood Program" information packet available on the school website. I further understand that the school policies and procedures are available for review at the school office.

X _____
Signature of Parent / Guardian

SPECIAL INSTRUCTIONS

What does your child say when he/she needs to go to the bathroom? _____

Does your child need help in:

Dressing/Undressing Eating Washing Hands In the bathroom

Does your child have any special fears or problems? _____

Has your child been cared for by anyone other than parents? _____

If yes, by whom? 1) _____

2) _____

Favorite Game : _____ Favorite Toys: _____

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CONSENT

PUBLISHING I understand that a large part of ISI's operations are sustained by charitable donations, and for fundraising and other promotional purposes, ISI may conduct video, still photography, display of student work and live performances throughout the academic year. I agree that unless I submit a written statement to the contrary, ISI has my consent and support to include my child(ren) in such promotional activity.

PARTICIPATION I hereby authorize ISI to allow my child to participate in all school activities including extra curricular activities and field trips.

ISI religious policies and activates are based on main stream interpretation of Quran and Sunnah; activities not conforming with the above shall be reviewed, as case by case basis, by the School Advisory board, ICI Imam, ICI Shura Council, and experts in Islamic jurisprudence and they shall rule on disputes related to any such activities.

ACKNOWLEDGEMENT

I have read and understood that if I re-enroll my child at ISI, the **Registration Fee is non-refundable** and that the **resource and material fee is non-refundable after my child attends the first day of school.**

I understand that if I do not want my child to participate in any activities at ISI, I must give prior written consent.

I have read and understood the ISI tuition & fee policy. I agree to the fee terms & conditions stated.

I further understand that the school policies and procedures are available for review at the school office.

X _____
Signature of Parent / Guardian

X _____
Date

1. Does your child have any physical disabilities? If yes, please explain.

2. Has your child been referred for (check one of the following):

Learning disabilities Language processing ADHD / ADD Emotional difficulties

3. Has your child been tested for (check one of the following):

Learning disabilities Language processing ADHD/ADD Emotional difficulties

Initial test date _____ Most recent test date _____ Please submit a copy of most recent test result.

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4. If yes, please explain.

5. The student lives with :
 Both Parents Father Mother Other _____

6. Please give name, school and grade siblings are attending

7. Please share your reasons for applying to The Islamic School of Irving _____

To the best of my ability, I/we have provided accurate and truthful information on this application for admission. I understand and agree that the admissions process cannot be completed until ISI has received all required documents. I understand that incorrect and incomplete information and late or non-payment of fees and /or tuition may result in delays and possible declination of admission. I understand that all registration fees are non-refundable.

Parent/Guardian's Signature: X _____ **Date:** _____

The Islamic School of Irving admits students of any race, color, gender or ethnic origin to all its rights, privileges, and activities. In addition, the school does not discriminate on the basis of race, color, gender or ethnic origin in the administration of its educational programs and athletics extracurricular activities. The school does not discriminate on the basis of race, color, gender or ethnic origin in the hiring of its personnel.

Signature of the Parent / Guardian _____ **Date** _____



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"And fulfill (every) engagement, for (every) engagement will be inquired into (On the Day of Reckoning)" Surah Al-Israa verse 34

TUITION CONTRACT 2018-2019

(Complete one contract per family)

Parent's Full Name: _____ Primary Phone: _____

Cell Phone: _____

Total number of ISI students: _____

Total Admission Fees: \$ _____

Total Registration Fees: \$ _____

Total Monthly Tuition: \$ _____

Total Resource Fees: \$ _____

TUITION POLICY

The tuition policy described here is to ensure that tuition and fees are collected in a consistent and timely manner.

1. For your child's enrollment/re-enrollment application to be accepted, all re-enrollment, admission, application, and Resource, Books and Materials (RBM) fees must be submitted with the application.
2. **All admission, application, re-enrollment and RBM fees are non-refundable.**
3. The August tuition must be paid by **June 15, 2018** and is **non-refundable**.
4. The following month starting in September and ending in May of the current academic year is due on the 1st of each, according to the fee schedule. Tuition received after the 5th of the month will be subject to the late fee of \$25. Returned checks will be subject to a \$35 fee.
5. Student joining the school after the official start date will pay a prorated tuition rate depending on date of admission.
6. ISI reserves the right to withhold school records including report cards and test scores until **all tuition is paid in full**. If a student withdraws from ISI, school records will not be released to another school unless all accounts are up to date and all fees and other charges are cleared.
7. Multiple-child discounts apply to families and staff on tuition only not on other fees.
8. **For tuition not received after the due date, parents will receive a courtesy phone call and/or a letter. If the account is still not paid and is 2 months delinquent, the student will not be allowed to attend school the next month until the past due balance is paid in full.**

TUITION REFUND POLICY

Parents must submit a written request to the Administration at least **21** working days before withdrawing the student(s) from school for tuition reimbursement. Refund will only be given for tuition paid in advance for any remaining full months the student will not attend.



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2018 - 2019

TUITION CONTRACT – CONTINUED

(Complete one contract per family)

Parent's Full Name: _____ Primary Phone: _____

Cell Phone: _____

Per Child Info	1st child	2 nd child	3 rd child	4 th child	5 th child
Student Name					
Grade					
Admission fee					
Date Paid					
Method					
Registration fee					
Date Paid					
Method					
Resource fee					
Date Paid					
Method					
1 st Month Tuition					
Date Paid					
Method					
Other:					
Date Paid					
Method					
Total					

I have read and understood ISI's tuition policy. I agree and commit to making timely prompt payments as stipulated in this fee schedule.

Parent's/Guardian Signature

Date



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Automatic Payment Form 2018-2019

***Student's Name:** _____ **Grade:** _____
 _____ **Grade:** _____
 _____ **Grade:** _____
 _____ **Grade:** _____
 _____ **Grade:** _____

Parent/Guardian/Sponsor Name: _____

*Phone: Home _____ Work _____ Cell _____

E-Mail: _____

*Total Annual Tuition _____ *Installment Amount: _____

PLAN: A = 2 equal payments B = 3 equal payments C = 10 equal payments

(ACH) Checking Account Direct Withdrawal: (Please attach a void check for the bank withdrawal.)

*Date Beginning: ____ / ____ / ____

Routing Number: _____ Account Number: _____

Bank Name: _____

Bank Address: _____

Credit Card Payment:

Visa MasterCard Discover American Express

Card#: _____

Expiration Date: ____ / ____ / ____

Name (As it appears on the card): _____

Billing Address: _____

X Signature: _____ **Date:** _____

I give permission to ISI to withdraw tuition fees and other charges related to the above student(s) from my account on the first of each month. I will submit written approval of changes or termination within reasonable time to adjust the records accordingly.



Daycare/ Early Learning Center
The Islamic School of Irving
Today's Learners Tomorrow's Leaders



EMERGENCY INFORMATION



Child's Name: _____

Birthday: _____

Home Address: _____

Home Phone: _____

Father's Name: _____

Mother's Name: _____

Important Phone Numbers:

Father: Mobile: _____ Work: _____

Mother: Mobile: _____ Work: _____

Alternate Emergency Contact Person(s): (please provide at least 2 contacts)

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____



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MEDICAL INFORMATION

Medical Information (food or substance allergies, etc.): List any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long term continuous use and any other information which our staff should be aware of:



Hospital Preference _____

Child's Doctor _____ Phone Number _____

I agree that the operator may authorize the physician/hospital of his/her choice to provide emergency medical care in the event that neither my spouse, alternate contact(s), my child's doctor, nor I can be located immediately. I give consent for ISI to secure any and all necessary medical care for my child. I further understand that ISI will not be responsible for any charges / expenses incurred as a result of emergency/ urgent/ first aid medical attention provided to my child. I bear full responsibility for expenses of this nature.

Parent/Guardian Signature

Date



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Child Assessment Form

Child Name (last, first, middle)	Social Security No *	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)	City	County	Zip
Mailing Address (if different) -Street or P.O. Box	City	County	Zip
Telephone No. (include A/C)			

1-Health

Does your child have any allergies?	Yes	No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	Yes	No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	Yes	No
Is your child taking any medication?	Yes	No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	Yes	No
Are there any side effects we should be alerted to?	Yes	No

2- Toileting:

Does your child need assistance with toileting?	Yes	No
What are your ideas about toilet training?		
How can we best help?		

3- Behavior:

Does your child have any special fears?	Yes	No
How does your child communicate his/her needs?		
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Are there any particular routines that are particularly helpful at naptime?		
What position is most comfortable for your child when he/she is napping?		



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Child Assessment Form

4- Eating Preferences:

What are your child's favorite foods?		
Does your child use utensils, eat with fingers, and feed self?		
Does your child choke easily while eating?	Yes	No

5- Activities:

What activities do you like to do with your child?
What activities does your child like to do when playing with other children?
What does your child like to do when he is playing alone?

6- Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family?)
--

I verify that I provided the information accurately on child's assessment form.

Signature of Parent

Date Signed

Additional Comments:

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