

Islamic Society of Monterey County

405 Elm Street
Seaside, CA 93955
Ph: (831) 899-2969
E: info@ismcca.org

Weekend Islamic & Arabic School Registration form

Guardian's / Parent's Information:

First & Last Name: _____

Cell Phone No.: _____ Home Phone No.: _____

Email Address: _____

Home Address: _____

Emergency Contact: _____ Emergency Phone No.: _____

Guardian / Parent Signature: _____ **Date:** _____

Would you like to sponsor a child who cannot afford the school tuition fees?

- Yes, I would like to sponsor one child tuition fees for the full year (\$ 450)
- Yes, I would like to sponsor half the tuition fees for one child (\$ 225)

Fee schedule: one student: \$50/month. 2 Students: \$90/month. 3 students: \$130/month. 4 students: \$160/month. Additional students: add \$30/month

Student No. 1 Information

First & Last Name: _____

Year of Birth: _____ Age: _____ Gender: Male Female

Allergies / Medications: _____

Student No. 2 Information

First & Last Name: _____

Year of Birth: _____ Age: _____ Gender: Male Female

Allergies / Medications: _____

Please Continue On Reverse Side

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Student No. 3 Information

First & Last Name: _____

Year of Birth: _____ Age: _____ Gender: Male Female

Allergies / Medications: _____

Student No. 4 Information

First & Last Name: _____

Year of Birth: _____ Age: _____ Gender: Male Female

Allergies / Medications: _____

Student No. 5 Information

First & Last Name: _____

Year of Birth: _____ Age: _____ Gender: Male Female

Allergies / Medications: _____

Student No. 6 Information

First & Last Name: _____

Year of Birth: _____ Age: _____ Gender: Male Female

Allergies / Medications: _____
