

In the Name of ALLAH, the Most Beneficent, the Most Merciful SCHOOL OF ISLAMIC STUDIES, PART-TIME SCHOOL MCC CHICAGO, CHICAGO

ENROLLMENT FORM 2019-2020

P/	ARENT/GUARDIAN		(FIRST)	(MIDDLE)									
' '			(11101)			(Filodic)					(LAST)		
FIN	ANCIAL RESPONISIBILITY		(CELL PHONE)				(EMAIL ADDRESS)						
	<u>.</u>												
SPOUSE			(FIRST)			(MIDDLE)	DDLE) (LAST)						
FINANCIAL RESPONISIBILITY			(CELL PHONE)				(EMAIL ADDRESS)						
HOME INFO													
			(ADDRESS) (CITY/S			(CITY/ST)	(ZIP)					(HOME PHONE)	
		CTI	STUDENT(S) NAME / INFO				DOB	GENDER	GRADE	FEES	PTO FEE	PAYM	ENT (Office Use Only)
ı		310	JIODENI (3) NAI				100	M/F		170	20	.,	2.11 (3
•	(FIRST)		(MIDDLE)		(LAST)			1 1/1		170	20		
2								M/F		150	20		
	(FIRST)		(MIDDLE)			(LAST)							
3								M/F		130	20		
	(FIRST)		(MIDDLE)			(LAST)							
4								M/F		130	20		
_	(FIRST)		(MIDDLE)			(LAST)		24/5		120	20		
5	(FIRST)		(MIDDLE)			(LAST)		M/F		130	20		
(11101)			(1 113 511)		(LAST)		MCC Membership Fee			150			
							MCC Membership Fee 150 Donation						
PERMISSION, CONSENT & APROVAL AGREMENTS:								Total Fees					
P	LEASE READ THE						101111						
CO	CONSENT FORMS ON THE BACK AND CHECK THE BOX FOR APPROVAL AND CONSENT		C STUDENT(S)		MCC STUDENT(S)								
			EVENTS & ACTIVITIES WAIVER		PUBLICATION WAIVER		NEW FAMILY				RETURNING FAMILY		
,													
	CONSEIVI												
		MFR	GENCY INFOR	RMATIO	N·								
CONTACT NAME PHONE# RELATIONSHIP LANGUAGE													
CONTACTIVALLE		_	TTTOTAL	ILL TITE	J1 431 III	E/(1400/10E							
						Signature of Parent/Guardian:					Date:		
MEDICAL CONDITION, DISABILITY AND ALLERGY INFORMATION						ATION							
	PLEASE LIST ALL MEDICA	A.I.					Signature of Parent/Guardian:					Date:	
	INFORMATION TO DOCUM	MENT	г										
AWARENESS BY STAFF ANI ADMINISTRATION		NĎ					Admissions/Administrations Signature:					Date:	

MUSLIM COMMUNITY CENTER SCHOOL OF ISLAMIC STUDIES

PERMISSION LETTER FOR PUBLICATION OF STUDENTS' AND THEIR WORK

Dear parent or caregiver,

MCC Sunday school requests your permission to take audio/video images of your child and their work during school activities. Also, the administration seeks your permission for the school to publish photographs and/or samples of your child's work.

If you give your permission, the school may publish photographs of your child and/or samples of work done by your child in a variety of ways. The publications could include but are not limited to the MCC message (online and in hard copy), MCC Internet or the websites, school promotional magazines and materials, MCC and MCC SUNDAY SCHOOL social media platforms.

If you sign the attached form it means that you agree to the following:

- 1. The school can publish audio/video files of your child and samples of your child's work.
- 2. Your child's photograph may be reproduced either in color or in black and white.

While every effort will be made to protect the identity of your child, the MCC Sunday School cannot guarantee that your child will not be able to be identified from the photograph or work.

I, parent/guardian, by checking the box on this form both on this side and the opposite side indicates that I have read, understood and freely signed this agreement.

PLEASE NOTE: This consent, if signed, will remain effective until such time as you advise the school otherwise.



STUDENT(S) ACTIVITIES AND EVENTS PARTICPANT CONSENT AND WAIVER

I, parent/guardian, hereby release, indemnify and hold harmless MCC Sunday School staff and administration, including MCC's, employees, volunteer workers, students, agents and assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my/my child's participating in MCC Sunday Schools classes, related events and activities. Allowing Participation in any activity/event is an acceptance of some risk of injury. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participation in this visit. Therefore, I assume all risks related to the activities. In case of an emergency and if we cannot be reached, I do hereby authorize representatives of MCC Sunday School consent to any medical treatment or care deemed advisable. I, parent/guardian, by checking the box on this form both on this side and the opposite side indicates that I have read, understood and freely signed this agreement.

INITIA	