

Islamic Center of Southern California
The Sunday School
434 South Vermont Avenue, Los Angeles, CA 90020
(213) 382-9200

Student Enrollment Agreement: 2025-2026

1st Student's First Name: _____ Last Name: _____ Date of Birth: ____/____/____

2nd Student's First Name: _____ Last Name: _____ Date of Birth: ____/____/____

3rd Student's First Name: _____ Last Name: _____ Date of Birth: ____/____/____

Parent Information

Father's Name: _____ Phone: _____ Email: _____

Mother's Name: _____ Phone: _____ Email: _____

Other Person Authorized to Pick up Student(s)

Name: _____ Relationship: _____ Phone: _____

Tuition and Fees Information

Registration/Books/Handouts Fee	Payable at the time of registration	\$100 (per child)
PTO Fee	Payable at the time of registration	\$25 (per child)
Tuition Fee	1st child	\$300
	Each additional child	\$250

Payable in 2 installments 50% September 08, 2024, and 50% December 15, 2024

Payment can be made as a donation to the Islamic Center of Southern California. A check can be sent to the address listed at the top of this application. You can also pay online (**make sure to choose Sunday School in the category**) at <https://us.mohid.co/ca/losangeles/icsc/masjid/online/donation>

Mailing List

Do you want to be added to the mailing list for the Islamic Center of Southern California?

☐ Yes ☐ No

Media / Photo Permission

Do you give permission to have photographs of your children taken and used by the Islamic Center of Southern California, The Sunday School, on its website, social media pages, and/or promotional materials?

Choose one: ☐ Yes, I give permission. ☐ No, I don't give permission.

Authorization to Treat

I, the undersigned, parent of _____ (list name(s) of each student), a minor, do hereby authorize The Islamic Center of Southern California, The Sunday School and its staff to consent to any medical examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our staff to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. I hereby give permission for my child(ren) to attend the Islamic Center of Southern California, The Sunday School, and give the teachers and school administrators permission to take any necessary action in the event of an emergency.

List any allergies, medical conditions, or restrictions of which the Sunday School should be aware:

Student's Physician: _____ Phone: _____

Release of Liability: By signing this agreement, I give permission for the student(s) identified in this agreement to take part in all Sunday School activities, including sports and field trips. On my own behalf and on behalf of the students identified in this agreement, I hereby fully release and waive any and all claims for personal injury, loss, or any claim of damages that may arise against The Islamic Center of Southern California, The Sunday School, or any of its officers, agents, employees, or volunteers. I also agree to save and hold harmless The Islamic Center of Southern California and its departments, organizations, boards, commissions, officers, agents, employees, and volunteers from any liability whatsoever for any harm, personal injury, or property damage which my child or I may suffer arising out of his/her participation in Sunday School activities.

Enrollment Policy: I understand that to fulfill the enrollment requirements, I must complete and sign this agreement and return it to the school office with the registration, PTO, and tuition fee. I acknowledge that The Sunday School reserves the right in its sole discretion to dismiss the above-named student(s) from school if and when his/her presence at the school is judged to be detrimental to the welfare of the school, if or when he/she fails to maintain 60% attendance at the school.

Payment Policy: I understand that the tuition fee is for the full academic year and is due in full in September. Alternatively, the tuition can be paid in two installments, 50% due the first week of school and the balance due the first week of December. If I do not pay the tuition on time, there will be a late fee assessed. I understand that there may be financial assistance available if I meet the conditions of financial hardship and that such aid will be available on a first-come, first-served basis until the funds are exhausted.

No Weapons Policy: Weapons of any kind, including but not limited to firearms, knives, and other dangerous weapons, are strictly prohibited at any Sunday School activities.

Students must stay on the Islamic Center of Southern California property during Sunday School activities. While attending Sunday School activities, students are not allowed to leave the Islamic Center of Southern California property without prior authorization. The Sunday School and Islamic Center of Southern California are not responsible for what may occur if a student leaves the property.

I accept and support the Sunday School's mission, policies, standards of discipline, and the rules of behavior. I understand that it is my responsibility to notify the school office promptly of any change in my address and telephone number.

I have read, understand, and agree to all the terms and conditions of this enrollment agreement, including the release of liability. By signing this agreement, I represent and warrant that I have full authority to sign and enter into this agreement.

Print Name	Signature	Date
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