



Islamic Center of Melville
118 Old East Neck Road
Melville, New York 11747
Phone 631-249-3298
icmsundayschools@gmail.com
www.icmny.org

Registration Form

Child's Information:

Name: Last _____ First _____

Date of Birth (m/d/y): _____ Sex: M F (circle one) Academic School Year _____

Name of previous Islamic school _____

Child's Information:

Name: Last _____ First _____

Date of Birth (m/d/y): _____ Sex: M F (circle one) Academic School Year _____

Name of previous Islamic school _____

Child's Information:

Name: Last _____ First _____

Date of Birth (m/d/y): _____ Sex: M F (circle one) Academic School Year _____

Name of previous Islamic school _____

Child's Information:

Name: Last _____ First _____

Date of Birth (m/d/y): _____ Sex: M F (circle one) Academic School Year _____

Name of previous Islamic school _____

Child's Information:

Name: Last _____ First _____

Date of Birth (m/d/y): _____ Sex: M F (circle one) Academic School Year _____

Name of previous Islamic school _____

Parent's Information:

Father's Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mother's Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In Case of Emergency involving my child(ren) and when I cannot reached, I hereby authorize The Islamic Center of Melville/Weekend School or designate to see and authorize the examination and medical treatment of child(ren), by appropriate medical professionals and facilities.

Child(ren)'s Physician's Name: _____ Phone: _____

Persons (other than parents) authorized to pick up child(ren) from school

Name: _____ Phone: _____ Relationship: _____

Name _____ Phone: _____ Relationship: _____

Please indicate any allergies or medical issues that your child(ren) have that we should be aware of including any medications:

All Students enrolled in ICM Weekend School must meet the following requirements:

- a) Enrolled in Public School or State Certified Private School
- b) Free of any communicable disease
- c) Fully immunized and have an up to date immunization record

I declare that my child(ren) meet the above requirements and all other information provided is true and accurate.

Parent Signature: _____ Date : _____



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Tuition and Early Registration Information

Fee Schedule

	<u>Sunday School Tuition</u>
1 Child	\$350
2 Children	\$600
3 + Children	\$850

Price includes tuition, lunch, textbooks, backpacks, crafts, and supplies for the whole year.

A 10% discount on tuition only applies for early registration. Early registration starts June 9th Through September 1st. No discounts will apply after those dates. Please don't miss out.

Payment options:

Option 1: Payment in full upon registration

Option 2: Two installment payments (half at registration and half due on Dec 1st)

Option 3: Three installment payments (1st installment at registration, 2nd payment due on Dec 1st^h and 3rd payment due March 1st)

Cash and checks are only methods of payments accepted. Please make checks out to Islamic Center of Melville. On the memo line please put your child(ren) names.

IF BALANCE IS NOT PAID IN FULL BY MARCH 5th A \$25 LATE CHARGE WILL BE ADDED PER MONTH UNTIL PAYMENT IS MADE IN FULL INCLUDING THE LATE CHARGES.

We are proud to announce that ICM Sunday School will continue with its Pre-school program for children 4 years of age. Thank you to the teachers and volunteer parents that have made this addition to the program such a success. Our curriculum includes Islamic studies, Quran recitation, and Arabic.

OFFICE USE ONLY



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Parent Name Last: _____ First: _____

Option 1: Payment in full upon registration

Option 2: Two installment payments (half at registration and half due on Dec 1st)

Option 3: Three installment payments (1 installment at registration, 2nd payment due on Dec 1st and 3rd payment due March 1st)

10% Early Registration only applies to the tuition, not on lunch and supplies.

	With Early Registration 10% off	Payment Option
1 child	\$315	
2 children	\$540	
3 + children	\$715	

Payment 1 : Date payment made ____/____/____

Cash ____ \$ _____ Check ____ \$ _____ Check # _____

Balance left: \$ Received by: _____ make copy of check and staple

Payment 2 : Date payment made ____/____/____

Cash ____ \$ _____ Check ____ \$ _____ Check # _____

Balance left: \$ Received by: _____ make copy of check and staple

Payment 3 : Date payment made ____/____/____

Cash ____ \$ _____ Check ____ \$ _____ Check # _____

Balance left: \$ Received by: _____ make copy of check and staple



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2019-2020 School Year Calendar

School is in session **EVERY SUNDAY** beginning on **September 8, 2019** through **June 14, 2020**. Please see below for days the school will be closed.

There may be on occasion during the year due to severe weather and dangerous conditions that make it necessary to close school. We will notify parents through email, and texts on such days. Please make sure that the office has your information so that we may contact you.

Date	Occasion
November 28, 2019	Closed for Thanksgiving break
December 22, 2019	Closed for Winter Holiday break
December 29, 2019	Closed for Winter Holiday break
February 16, 2020	Closed for Winter break
April 12, 2020	Closed for Spring break
May 10, 2020	Closed for Mother's day
May 24, 2020	Closed for EID

If there are questions or concerns, please don't hesitate to contact us via phone or email. Our number is 631-249-3298 or email is icmsundayschools@gmail.com.