



In the Name of Allah, Most Compassionate, Most Merciful

American Islamic Association, Inc.

8860 St Francis Rd, Frankfort, IL 60423

(815) 469-1551 www.aiamasjid.org

AIA Weekend School 2011-2012 Enrollment Form

REGISTRATION DEADLINE: Wednesday August 31, 2011*

***Late Registration Fee after August 31st: \$100 extra per family, if space available – SORRY, NO EXCEPTIONS!**

<u>FEES</u>		<u>PAYMENT:</u>
Student Fees:	\$250 for one (1) child, OR \$500 for two (2) children, OR \$600 for three children (3) or more..... \$ _____	Please make check payable to: "AIA" You can: 1) Mail Enrollment Form and check* to: AIA Weekend School 8860 St. Francis Rd, Frankfort, IL 60423 2) Drop off Enrollment Form and check at AIA <u>School</u> Office (next to Elevator) * Do NOT mail cash
Maintenance Donation to AIA School	\$ _____	
TOTAL: \$ _____		
OFFICE USE ONLY: <input type="checkbox"/> Paid Cash <input type="checkbox"/> Paid Check / Check # _____		

STUDENT INFORMATION

	First Name	Last Name	Date of Birth	Age	Gender	Grade in Regular School (Sep 2011)	AIA Grade (Office Use)
1							
2							
3							
4							

Do Any Of Your Children Have Any Allergies / Medical Conditions AIA School Needs To Be Aware Of:
 NO YES / EXPLAIN: _____

AIA School Supervised Recess Program in Place – This program is set up to monitor students as they play outside & in the Recreation Room during Recess. This program needs your **fullest** co-operation since it is our collective responsibility. We need parents to volunteer at least ONCE OR TWICE during the entire school-year – that is 30 minutes of your time over 9 months – to be a part of this crucial program. Please pick a few dates that you and/or your spouse can be available and indicate if you want to volunteer once, twice or more often, as needed*. [School year from Sep 2011 to May 2012]
 (Date Choice #1) _____ (#2) _____ (#3) _____ (#4) _____ (#5) _____
 I can volunteer on any of the dates above ONCE TWICE AS NEEDED
 (Spouse Date Choice #1) _____ (#2) _____ (#3) _____ (#4) _____ (#5) _____
 My spouse can volunteer on any of the dates above ONCE TWICE AS NEEDED
 * Note: We will try our best to assign you the date(s) you have requested. In case of holidays or duplication with other volunteers, please allow for flexibility.

PARENT INFORMATION (PLEASE PRINT)

FATHER'S NAME: _____ MOTHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ RELATIVE'S NAME & PHONE: _____

CELL PHONE #1: _____ CELL PHONE #2: _____

CIRCLE BEST PHONE NUMBER(S) ABOVE TO CALL IN CASE OF EMERGENCY