

**Parent/Guardian Information**

Registration Date: \_\_\_\_\_

**Father /Guardian** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

 Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_**Mother /Guardian** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

 Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_**Child Information****1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_**Part 3: Medical Information**

1. Has this student ever had any psychological testing or been screened for academic difficulties or learning disabilities? Yes/No

2. Does this student have any health concerns (allergies, asthma, conditions, surgeries, diseases)? \_\_\_\_\_

3. Does this student take any prescription medication: Yes/No If yes, please specify: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

\_\_\_\_\_  
 Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

### Child Information

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

### Medical Information

1. Has this student ever had any psychological testing or been screened for academic difficulties or learning disabilities? Yes/No

2. Does this student have any health concerns (allergies, asthma, conditions, surgeries, diseases)? \_\_\_\_\_

3. Does this student take any prescription medication: Yes/No If yes, please specify:

\_\_\_\_\_  
 List any existing medical conditions, medication and/or special attention your child may require?

\_\_\_\_\_  
 Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Contacts & Authorized Pickup Persons:

**1st Contact/Pick up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Payment Agreement: All Payment is due by the first of the month.  
Late Payment Fee \$25 (If Tuition paid after the 5<sup>th</sup> of the month)

**ALL FEES ARE NON-REFUNDABLE**

- Tuition Fee \$300
- Registration fee: \$50

I \_\_\_\_\_ (Guardian) understand that, I am responsible for the amount stated.

Photographs: May we take a picture of your child for our social media (no face will be shown) ( ) Yes ( ) No

**Credit Card Authorization Form**

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: \_\_\_\_\_

I hereby authorize the Al Salam - Moroccan American Organization (MACO) to charge my credit card (VISA, Master Card and American Express)

For: \_\_\_\_\_ One Time: \_\_\_\_\_ Child Name: \_\_\_\_\_

Cash: \_\_\_\_\_ Credit card: \_\_\_\_\_ Check: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVC \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Comments & Information:**

Is there is any other information that that would be helpful to our management and teaching staff?

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You!**