

# Islamic American Society of Connecticut

## Masjid Al-Mustafa - مسجد المصطفى

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### Registration Form

*(For Academic Year: 1439-1440 Hijria / (2018-2019)*

*There will be one time charge of \$50/child for registration and books fees*

• **Weekdays Program Schedule (Monday and Wednesday) for Children Boys and Girls 6-12 years**

5:00 PM – 7:00 PM: Both level 1 and 2 (6-12 years old Children; Boys and Girls)

• **Weekdays Program Schedule (Tuesday and Thursday) for Youth Boys and Girls > 12 years**

5:00 PM – 7:00 PM: level 3G (> 12 years old - Youth Girls)

5:00 PM – 7:00 PM: level 3B (> 12 years old - Youth Boys)

• **Weekend Program Schedule for All (Sunday)**

10:30 AM – 2:30 PM: level 1 and 2 (6-12 years old Children; Boys and Girls)

3:30 PM – 5:30 PM: level 3G (> 12 years old - Youth Girls)

5:30 PM – 7:30 PM: level 3B (> 12 years old - Youth Boys)

**Monthly Fee for Weekdays Only (Or Weekends Only) Program:**

1 st child: 75\$/month – 2 children: \$100/month – 3 children or more: \$125/month - (Max \$125/month/family).

**Monthly Fee For combined Weekdays and Weekend Program:**

1 st child: 100\$/month – 2 children: \$125/month – 3 children or more: \$150/month - (Max \$150/month/family).

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### Student Information Sheet:

First Name: \_\_\_\_\_ Last Name : \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Gender: Male / Female Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Existing Medical Conditions: \_\_\_\_\_ Allergies: \_\_\_\_\_

Additional Comments & Information: \_\_\_\_\_

### Primary Contact Information:

Parent/Guardian #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone (Home) #: \_\_\_\_\_

Preferred Contact Method : \_\_\_\_\_ Telephone (Mobile) #: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone (Home) #: \_\_\_\_\_

Preferred Contact Method : \_\_\_\_\_ Telephone (Mobile) #: \_\_\_\_\_

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### Waiver and Release of Liability:

I agree to release, indemnify, defend and hold the Islamic American Society of Connecticut, their officers, employees, and agents harmless from any liability, and all present or future claims presented by my child for any injuries, losses or damages. I agree that this Waiver and Release of Liability shall be applicable to all prior, present, and future claims, suits, or related causes of action regardless of signature date.

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_/\_\_\_/\_\_\_\_\_

Your Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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