



5 W Elm Street, Norristown, PA- 19401

NIS Sunday School Registration Form Year: 2021-2022

(Last day of Registration July 31, 2021)

Parent Information:

Father's Name _____

Home Phone _____ Cell Phone _____

Father's Email _____

Mother's Name _____

Home Phone _____ Cell Phone _____

Mother's Email _____

Address _____

Student Information:

_____ / / M or F _____

Student Name DOB Gender Age

_____ / / M or F _____

Student Name DOB Gender Age

_____ / / M or F _____

Student Name DOB Gender Age

_____ / / M or F _____

Student Name DOB Gender Age

Fees:

\$200 per child or \$450 max per family - Non members

\$180 per child or \$425 max per family - NIS Members

NIS Member Id #: Dues Paid: Yes or No Volunteer: Yes or No

Registration Payment: \$ _____ Cash: _____ Cheque #: _____ Paypal: _____



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:
Confidential Medical Release Form

Any know allergies and/or medical conditions: Yes or No

Student's Name Allergy/Condition

Student's Name Allergy/Condition

Primary Physician Name Primary Physician Phone

Medical Insurance Group ID# Policy ID#

Emergency Contact Numbers:

Relationship Phone Name

PARENT/GUARDIAN'S APPROVAL AND MEDICAL RELEASE I hereby release, discharge and/or otherwise indemnify the Norristown Islamic Society, its Principal, teachers, volunteers, management and Board of Trustees or any of their representatives against any claim by or on behalf of the student as a result of his/her attendance of the Norristown Islamic Society and/or being transported to or from the same. I will be also responsible for any damage, major or minor, to the Norristown Islamic Society facilities that is caused by any of my children. My family and I will further comply with the rules and regulations governing the operation of the Norristown Islamic Society

My son/daughter has received a physical examination by a physician and has been found fit. In case of injury or health needs while present at premise of the Norristown Islamic Society, I hereby give my consent to doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be fully responsible financially for the cost of each assistance and/or treatment.

Parent Signature

Name

Date