

For Office Use Only

Teacher _____
Level _____
Amount Paid/Date _____

**Islamic Center of Bloomington/Normal**  
2911 Gill St., Suites 6, Bloomington, IL 61704  
(309) 664-0304 / www.bloomingtonmosque.com

## Weekend Islamic School Registration Form

### Student Information

Last Name \_\_\_\_\_ Middle Initial \_\_\_\_ First Name \_\_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_\_ Grade in Full-Time School \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Postal Code

Home Phone: \_\_\_\_\_ Student's E-mail Address \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Payment Information

The fee is \$80 per student for the full year. School fees go toward the cost of books, teaching materials, and other expenses. No registration is complete until the fee is paid. Confirmation is not sent verifying your registration acceptance. If you are not notified, assume your registration is confirmed. No refund will be given after the first day of school.

Please check if you will be paying the full amount of \$80 per student.

Please check if you will be making two payments of \$40 each. Each payment will be due by the first day of each semester.

Please Check Method of Payment.  Cash  Check\*

\*Please make checks payable to *ICBN*. In the Memo section, please write *Islamic School Registration*.