Islamic Center of South California- Sunday School

434 South Vermont Avenue, Los Angeles, CA 90020
(213) 382-9200

Student Enrollment Agreement: 2026-2027

1st Student's First Name: _____Last Name: _____ Date of Birth: ____/____/____

2nd Student's First Name: _____Last Name: _____ Date of Birth: ____/____/____

3rd Student's First Name: _____Last Name: _____ Date of Birth: ____/____/____

Parent Information

Father's Name: _____ Phone: _____ Email:_____

Mother's Name: _____ Phone: _____ Email:_____

Other Person Authorized to Pick up Student(s)

Name: _____ Relationship: _____ Phone: _____

Tuition and Fees Information

Fee	Payment Schedule	Amount
Registration, Books & Handouts Fee	Due at the time of registration	$100 per child
PTO Fee	Due at the time of registration	$25 per child
Tuition Fee – First Child	Pay in full at registration or in two installments	$300
Tuition Fee – Each Additional Child	Pay in full at registration or in two installments	$250

Annual Tuition Summary:
TOTAL FOR 1 CHILD: $425, TOTAL FOR 2 CHILDREN: $800, TOTAL FOR 3 CHILDREN: $1,175

(Tuition can be paid in full or in two installments: 50% at time of registration and 50% on December 15, 2026.)

Use this QR code to pay your tuition and fees online. Your payment will be made as an online donation to the Islamic Center of Southern California (**make sure to choose Sunday School in the category**). Alternatively, payment may be made with a check or cash at the time of registration.

Mailing List

Do you want to be added to the mailing list for the Islamic Center of Southern California?
Yes ☐ No ☐

Media / Photo Permission

Do you permit photographs of your children to be taken and used by the Islamic Center of Southern California, The Sunday School on its website, social media pages, and/or promotional materials?

Choose one: ☐ Yes, I give permission. ☐ No, I don't give permission.

Authorization to Treat

I, the undersigned, parent of _____(list name(s) of each student), a minor, do hereby authorize The Islamic Center of Southern California, The Sunday School and its staff to consent to any medical examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our staff to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. I hereby give permission for my child(ren) to attend the Islamic Center of Southern California, The Sunday School and give the teachers and school administrators permission to take any necessary action in the event of an emergency.

List any allergies, medical conditions, or restrictions of which the Sunday School should be aware:
_____

_____

Student's Physician: _____ Phone:_____

Enrollment Policy

I understand that to fulfill the enrollment requirements, I must complete and sign this agreement and return it to the school office with payment for the applicable tuition and fees. I acknowledge that The Sunday School reserves the right in its sole discretion to dismiss the above-named student(s) from school if and when his/her presence at the school is judged to be detrimental to the welfare of the school, if or when he/she fails to maintain 60% attendance at the school, or for other good cause.

Payment Policy

I understand that the tuition fee is for the full academic year and is due in full in September. Alternatively, the tuition may be paid in two installments, 50% at the time of registration and the balance due the first week of December. If I do not pay the tuition on time, a late fee may be assessed. If I am unable to pay the tuition fees, I may request tuition assistance by completing and submitting a Tuition Assistance Request form. Tuition Assistance Request forms are available in the Sunday School office.

Release of Liability

By signing this agreement, I give permission for the student(s) identified in this agreement to take part in all Sunday School activities, including sports and field trips. On my own behalf and on behalf of the students identified in this agreement, I hereby fully release and waive any and all claims for personal injury, loss, or any claim of damages that may arise against The Islamic Center of Southern California, The Sunday School or any of its officers,

agents, employees, or volunteers. I also agree to save and hold harmless The Islamic Center of Southern California and its departments, organizations, boards, commissions, officers, agents, employees, and volunteers from any liability whatsoever for any harm, personal injury, or property damage which my child or I may suffer arising out of his/her participation in Sunday School activities.

I accept and support the Sunday School's mission, policies, standards of discipline, and rules of behavior. I understand that it is my responsibility to notify the Sunday School office promptly of any change in my address and telephone number.

I have read, understand, and agree to all the terms and conditions of this enrollment agreement including the release of liability. By signing this agreement, I represent and warrant that I have full authority to sign and enter into this agreement.

_____	_____	_____
Print Name	Signature	Date