

# Germantown Masjid Academy

4944 Germantown Ave, Philadelphia, PA 19144  
Registration Form S/Y 2015-16

## Parent/Guardian Data:

|       |                             |
|-------|-----------------------------|
| Name: | Relationship to student(s): |
| Name: | Relationship to student(s): |

## Address

|                |        |           |
|----------------|--------|-----------|
| Street (apt #) |        |           |
| City:          | State: | Zip Code: |

## Primary Phone:

|                 |
|-----------------|
| (    )        - |
|-----------------|

## E-Mail Address(s):

|  |
|--|
|  |
|--|

## Student #1 data:

|  |
|--|
| Name: (Last): _____ (first): _____   |
| DOB: ___/___/_____ Grade (going into): _____ Age: ___ Gender (Circle): ( M / F ) |

## Student #2 data:

|  |
|--|
| Name: (Last): _____ (first): _____   |
| DOB: ___/___/_____ Grade (going into): _____ Age: ___ Gender (Circle): ( M / F ) |

## Student #3 data:

|  |
|--|
| Name: (Last): _____ (first): _____   |
| DOB: ___/___/_____ Grade (going into): _____ Age: ___ Gender (Circle): ( M / F ) |

## Fee Structure: (Please check one)

|   |  |  |
|---|--|--|
| One Child \$350.00 <input type="checkbox"/> | Two Children \$700.00 <input type="checkbox"/> | Three Children \$1,050.00 <input type="checkbox"/> |
|---|--|--|

Emergency Contacts:

| <u>Name</u> | <u>Phone</u> | <u>Relationship</u> |
|-------------|--------------|---------------------|
|             |              |                     |
|             |              |                     |
|             |              |                     |

Adults allowed to pick up student(s):

| <u>Name</u> | <u>Relationship</u> |
|-------------|---------------------|
|             |                     |
|             |                     |

Child(ren) Medical information:

|                     |       |                   |
|---------------------|-------|-------------------|
| Student Name        | Grade | Medical/Allergies |
| Student Name        | Grade | Medical/Allergies |
| Student Name        | Grade | Medical/Allergies |
| Preferred Hospital: |       |                   |

**Agreement**

- Parents are fully responsible for dropping off and picking up their children from the school.
- There is no provision for taking care of the children outside the School hours of 8:00 am to 3:45 pm.
- This form authorizes Germantown Masjid Academy to secure emergency medical care for your children when you cannot be reached at the time of an emergency.
- Parents will be responsible for all the medical charges upon receipt of such statements.
- Parents and their children will abide by all the policies, rules and regulations of the School.
- I will take full responsibility for my child’s behavior and conduct during the school hours and will adhere to all rules and regulations of the school.
- I will also commit and ensure my children abide my Germantown Masjid Academy’s dress code.
- I will commit to pay the monthly tuition fee by the 3rd of each month.
- I understand that all meals for students are to be provided by the parents.
- If I elect not to register my child with the partnering cyber charter school, I will be solely responsible for my child’s secular studies (tuition is reflective of religious studies only since the cyber charter school is a public school, therefore tuition will not change).
- I understand that Germantown Masjid Academy will not offer any discounts this year due to being a new school. Discounts will be considered next year, InshAllah. Thank you for your support.

**I agree with all above points and will abide to this agreement**

Print Parent Name:

Signature of Parent/Guardian:

Date

**Spots are first come, first serve, therefore it is important that the application needs to be returned and payment is to be made via Paypal at the Dawah Center. Registration is not complete until the registration form is submitted and Paypal payment is made in full. A registration confirmation will be send out via email to parent(s) within 7 days after payment is received. For further inquiry email: [info.gtma@gmail.com](mailto:info.gtma@gmail.com). Baraka Allahu Feekum.**

**\*FOR OFFICE USE ONLY!**

|                       |
|-----------------------|
| Amount Paid: \$ _____ |
| Date: _____           |
| Received by: _____    |