

# Greater Lynchburg Islamic Association

1101 Airport Rd., Lynchburg, VA 24502

GLIA Al-Huda School

REGISTRATION FORM

<b>Family Name:</b>		<b>e-mail:</b>		<b>Reg. No.:</b>	
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	Child's Name	Date of Birth	Age <small>(on Sep 1)</small>	Gender	Allergies <small>(if any)</small>	Level Assigned <small>(school use)</small>
<b>Child 1</b>				M / F		
<b>Child 2</b>				M / F		
<b>Child 3</b>				M / F		
<b>Child 4</b>				M / F		

<p>Father's Name: _____</p> <p>Mother's Name: _____</p> <p>Home Address: _____</p> <p>Phone: Home: _____ Cell: _____ Other: _____</p> <p>Emergency Contact:* Name: _____ Address: _____ Phone: _____</p>	<p><b>Notes:</b></p>
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Fee Schedule		Payment (School Use)			
		Child(ren)	Yearly	Installments	
Yearly:	1 Child:      \$150 2+ Children: \$200		\$150 OR \$200	\$75 OR \$100	\$
		Other Payment	Late Fee:	Donation:	\$
May be paid in 2 installments.		Method	<input type="checkbox"/> Cash <input type="checkbox"/> Check No.: _____		<b>Total:</b> \$

<p style="text-align: center;"><u><b>Disclaimer</b></u></p> <p>I, hereby, release the GLIA Al-Huda School, its agents, affiliates, partners, teachers, volunteers of all liabilities of any possible injury to my child(ren), emotional, mental or physical on and off the school premises.</p>	<p><i>* The <b>Emergency Contact</b> must be a relative, friend or neighbor living in Lynchburg or the surrounding area. It <b>CANNOT</b> be the enrolling parent, a spouse or an older sibling.</i></p>
<p>_____ <b>Parent/Guardian Signature</b></p>	<p>_____ <b>Date</b></p>