

Al-Kitab was-Sunnah

ISLAMIC WEEKEND SCHOOL

9 S. Belvidere Ave. York, PA 17404

Phone: (717) 424-6053

Enrollment Form

Father/Guardian: _____ **Mother/Guardian:** _____
First Name Last Name First Name Last Name

Address: _____
Street State Zip Code

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Student Information

First Name	Last Name	D.O.B.	Gender
1.			
2.			
3.			
4.			
5.			

ONE-TIME REGISTRATION FEE: One Child / \$35.00

Two Children / \$45.00

Three or more / \$55.00

I Agree to pay the full tuition at the time of my child's enrollment

Signature: _____ **Today's Date** _____