

# ISLAMIC CENTER OF HAWTHORNE

12209 HAWTHORNE WAY, HAWTHORNE, CA 90250

(310) 973-8000

## WEEKEND SCHOOL

Registration Form

**September 18 – December 11, 2005**

**Every Sunday from 9:30 AM to 2:30 PM**

AGE: 3 through 14 Years

Last Name: \_\_\_\_\_

Student Name	Date of Birth	No. of Students (same family)	Monthly Fee
1-		1	\$50.00
2-		2	\$80.00
3-		3	\$105.00
4-		4 or more	\$120.00
5-			

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work or Cell: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

In Case of Emergency:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

- Tuition is payable either in full at the beginning of the semester or in a monthly installment.
- Tuition should be paid in full for the whole semester irrespective of the day when the student actually joined the school during that particular semester.
- Parents or guardians are required to pay regular fees, event if the student is absent or on vacation.
- Tuition is not deductible for school holidays.

Date

Parents or guardian Signature

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