

2019-2020 Registration Form



QURAN BLOSSOMS AT MECCA CENTER



Welcome to the planning and preparation of Quran Blossoms at the Mecca Center!

Necessary Documentation and Submissions

- A copy of the child's **Birth certificate**
- A copy of the child's **Health record**, signed and dated from the child's doctor
- Emergency records: Please keep the emergency contact information up-to-date** with the teachers and the office staff. If for any reason you or your emergency contacts are unable to pick up your child, please let the teacher and the office staff know the name of the person who is picking up your child in writing. **BLOSSOMS staff must see the emergency person's ID for a copy of it.**
- Special medical documents:** Health information is a very important fact for us to deal with your child please be sure to inform us of any specific health need for your child and provide a copy of relevant medical papers to keep in the child's folder. **Food Allergies** are a common health problem among children. If your

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Miscellaneous Rules

- All fees including the tuition of the last month** must be paid to reserve a seat for the coming school year.
- Please inform the office in the morning of the day that your child is absent for any reason.
- Drop off and pick up of your child must be on time.** Late pick up fees apply to students who are not picked up in the time frame allotted for specific sessions. Please see the Drop Off and Pick Up Times page for more information.
- For safety reasons, please do not use your cell phone once you are in the school vicinity.** Look for other children getting in or out of other vehicles. Please make sure to hold your child by the hand when you are dropping off or picking up.
- Cars are not allowed to park in the front nor the back entrance of the Mecca Center.** Please park your car in the back-parking lot and enter from the **BACK ENTRANCE ONLY.**

Fees

Drop off and Pick Up Times

- Drop off/pick up must be on time. Drop off and pick up are **through the back entrance of the center only.** Fees will be charged for any late pick up.
- Drop off time for **Morning Session is at 8:15a.m to 8:25am.** Drop off earlier than that time must be arranged with the office. Additional fees will be applied. After 8:30am a fee of \$10.00 will be charged.
- Pick up time for the **Morning Session is 11:30am to 11:40.** After this time, a fee of \$10.00 will be charged for every 15-minute increment of lateness to the tuition of that month.
- Drop off time for after **Noon Session is at 12:15pm to 12:25 pm.** Drop off earlier than that time must be earlier than that time must be arranged with the office. Additional fees will be applied. After 12:30am a fee of \$10.00 will be charged.
- Pick up time for the **Afternoon Session is 3:30 pm to 3:40 pm.** After this time, a fee of \$10.00 will be charged for every 15-minute increment of lateness to the tuition of that month.
- Parents may not drop off their child prior to the time frame allotted as no one will be available to supervise the students during that time.
- For the safety of our students, cell phones will not be tolerated once in school.**

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Date	/ /	Level	
School Year	2019-2020		
Please choose the session you wish to enroll your child in:		<input type="checkbox"/> Session 1: 8:15a.m. – 11:30a.m. <input type="checkbox"/> Session 2: 12:15p.m. – 3:30p.m. <input type="checkbox"/> Session 3: 8:15a.m. – 3:30p.m.	
Student's First Name		Last Name	
Birth Date	/ /	Home Number	()
Father's First Name		Last Name	
Mother's First Name		Last Name	
Home Address			
City		State	Zip Code
Father's Cell Phone	()	Email Address	
Father's Work Phone	()	Father's Occupation	
Father's Nationality		Father's Place of Birth	
Mother's Cell Phone	()	Email Address	
Mother's Work Phone	()	Mother's Occupation	
Mother's Nationality		Mother's Place of Birth	
Parents live together?	Yes ____ No ____	Parents Divorced?	Yes ____ No ____
Name of Guardian, if applicable		Guardian Cell Phone	()
Main Language spoken		Second Language	
Does your child attend other programs? Yes ___ No ___. If yes, please write the name of the program:			
Does your child receive special education? Yes ___ No ___. If yes, please specify:			

Pediatrician Name		Phone Number	()
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Number of Siblings		Do they attend MAS programs?	() Y () N
	Name	D.O.B	Male Female MAS Program
1			
2			
3			
4			
5			
Emergency Contacts**			
Please list names and phone numbers of three (3) people other than the parents to be contacted in case of an emergency. The emergency contacts will be contacted in a case where the parents cannot be reached or when the parents do not show up to take the child home on time. The emergency contacts are allowed to take the students with them in case the parents cannot be reached.			
	Name	Relation to Student	Phone Number
1			
2			
3			

**Please keep this information up-to-date with the teachers and staff. If any day for any reason you or your emergency contacts are unable to pick up your child, please let the teachers and staff know in writing the date and the name of the person who is taking the child home that day. The school staff has the right to ask the emergency person for a personal ID and make a copy.

Signature of Parent/Guardian _____ *Date* _____

Please initial that you have read, understood and agreed to each of the following rules:

1. ____ Payment for monthly tuition should be received within the first five calendar days of the month on days Blossoms has allotted for payment.
2. ____ Registration fees are nonrefundable even if for any reason the child is unable to complete the year in the program. All fees are nontransferable.
3. ____ Any parent who does not remit payment as per the set schedule will be called and sent a formal letter. If payment is not received immediately thereafter, the child will be removed from the program.
4. ____ Registration fees are required prior to the beginning of the school year. Students cannot begin attending class unless the fees are paid.
5. ____ All parents are required to submit all required documents including medical paperwork during the registration period. Students will not be allowed to attend any programs prior to submitting all the required paperwork.

Authorization Form/Acknowledgment

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- I authorize Blossoms staff to provide my child with any Emergency Medical Care, including transferring him/her to nearby emergency facility when I cannot be reached. I will be responsible for medical charges.

Signature of Parent/Guardian _____ Date _____

- I authorize Blossoms to take my child to educational trips outside that facility.

Signature of Parent/Guardian _____ Date _____

- I authorize Blossoms staff to photograph and video my child in any school activities and to use photographs and videos in school presentations and other activities. If you do not want your child to be photographed, please shar that with your child’s teacher in the beginning of the school year.

Signature of Parent/Guardian _____ Date _____

- I, _____, acknowledge that I read and agree with the terms, rules, guidelines which include the tuition payments and school time schedule of the Blossoms program.

Signature of Parent/Guardian _____ Date _____

Child(ren) Enrollment/Fee and Payment Information

\$400/Monthly HALFDAY () \$750/Monthly FULLDAY ()
Add'l Child \$350/Monthly HALFDAY () \$700/Monthly FULLDAY ()
Non-Refundable Registration fee \$450/550* *One-time YEARLY fee to cover books and supplies per child

Payment Options:

() Check Enclosed (CH# _____) () Cash

() Credit Card Visa MC AMEX Discover

 AMOUNT \$ _____

Account No. _____ () PAID IN FULL

CSC# _____ Expires ____/____ Signature _____