

Student Name	Click here to enter text.	Grade in 2020 – 2021	.
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Al Ihsan PRESCHOOL Enrollment Forms School Year 2020 - 2021

Your application will not be accepted until all forms are submitted. This may cause you to lose your child's seat for the school year. We do not hold seats for any student whose paperwork is turned in late. Please submit the following:

- Enrollment Application Form
- Medical Information and Immunizations Form
- Medicine Administration Consent Form
- Child's Physician and Dentist Information Form
- Yearly Field Trip Consent Form (2 pages)
- Student Media Release Form
- Student Pick-up Authorization Form
- Emergency Contact Form
- Emergency Transportation Authorization Form
- Fee Payment Agreement Form
- Immunization Records (only if you have not submitted)
- Birth Certificate (only if you have not submitted)

Please return the following forms to the school office by the due dates set by the school. All forms should be completed in its entirety. If you move during the summer, please inform the school office with an updated address and phone number for our files. If you decide not to return after you have turned in your paperwork, please inform the school as soon as possible.

*****All parent signatures will be considered valid as electronic signatures for typed forms*****

Al Ihsan School
PRESCHOOL ENROLLMENT APPLICATION FORM
FOR 2020 - 2021 SCHOOL YEAR

Please return completed application along with payment
\$175.00 Registration fee (fees are nonrefundable) per child

Please mark one of the following: New Student Returning student

Grade (please check one box): Prek 3 (cut off 10/15/2017) Prek 4 (cut off 10/15/2016)

Seats are limited and will be available on a first come first serve basis.

Student's First Name	.	Middle Name	.	Last Name	.
Date of Birth	.			Grade in Fall	.
Name of previous school attended	.				
Mother/Guardian full name	.				
Address	.				
City	.		State	.	Zip .
Home Phone	.	Cell Phone	.	Work Phone	.
Occupation	.		Employer	.	
Work Address	.				
	City	.		State	.
Father/Guardian full name	.				
Address	.				
City	.		State	.	Zip .
Home Phone	.	Cell Phone	.	Work Phone	.
Occupation	.		Employer	.	
Work Address	.				
	City	.		State	.

Racial Data: (Per State Reg. 3301-39-03) Please check one:

Hispanic Caucasian African American Asian Native American Other _____

Parent Signature	.	Date	.
Email 1	.		Email 2 .

For Office Records Only

Date _____ payment by check # _____ amount \$ _____ Received by _____

Al Ihsan Preschool Enrollment for 2020 - 2021 School Year

MEDICAL INFORMATION FORM

Student Name	.	Grade	.
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Allergies (food, medication or environmental) and precautions, reactions and treatment .	Mark here if not applicable <input type="checkbox"/>
Medications, food supplements, modified diet currently being administered .	<input type="checkbox"/>
Chronic physical problems .	<input type="checkbox"/>
History of hospitalization .	<input type="checkbox"/>
History of diseases the child has had .	<input type="checkbox"/>
Any additional health or enrollment information you feel we should know about your child .	<input type="checkbox"/>

IMMUNIZATIONS (enter month, day, and year)

**** You may submit a record of shots provided by a licensed physician ****

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)
Hepatitis B (Hep B)
Haemophilus Influenza type b (HIB)
Measles, Mumps, Rubella (MMR)
Inactivated Polio
Varicella (chicken pox)
Influenza
Pneumococcal Conjugate (PCV)

*The immunizations listed above are recommended.
Please always consult your child's physician.*

Al Ihsan Preschool Enrollment for 2020 - 2021 School Year

MEDICINE ADMINISTRATION CONSENT FORM

Student's full name	.	Grade	.
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I, the undersigned, give permission to Al Ihsan School staff members to administer the following medicine(s) to my child for the following time frame:

From	(mm/dd/yyyy) .	To	(mm/dd/yyyy) .
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Medicine	Type (oral? topical?)	Dose	Time	Refrigeration	
.	.	.	.	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> yes <input type="checkbox"/> no
.	.	.	.	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> yes <input type="checkbox"/> no
.	.	.	.	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> yes <input type="checkbox"/> no
.	.	.	.	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> yes <input type="checkbox"/> no

Specific Instructions:

Yes **No** Does the child have any difficulty taking medicines? If yes, please describe:

Please note that any medicine will not be administered to the child that is not listed on this form. If you would like for the child to be able to take Tylenol or Ibuprofen products in case of headache or muscle aches, you **MUST** note it on this form. A new form will be required if instructions or medicine change.

Physician's signature	.
Physician's printed name	.
Date	.

Parent signature	.
Parent printed name	.
Date	.

CHILD'S PHYSICIAN INFORMATION

Student's full name	.				
Physician's full name	.				
Phone number	.				
Address	.				
City	.	State	.	Zip	.

CHILD'S DENTIST INFORMATION

Student's full name	.				
Physician's full name	.				
Phone number	.				
Address	.				
City	.	State	.	Zip	.

YEARLY FIELD TRIP CONSENT FORM

Dear parent/guardian:

Your child is eligible for participation in an educational field trip as described below. Please read this information carefully and provide the necessary data. No student will be permitted to participate in the field trip unless he/she has first submitted a completed form, **signed by parent(s)/guardian(s)/or a parent who has sole custody of the child (signature required on both sides).**

PART A (Student Information)

Student's full name	.	Grade	.
Address	.		
City	.	State	.
		Zip	.

PART B (Trip Information)

Departing Location: **School Campus (Parma/Plaza Locations)**

Means of Transportation: **Private bus company or staff car**

PART C (Emergency Treatment)

In the event that my child should become ill or injured during the course of this educational field trip, I request that you make reasonable attempts to contact me. Please contact at:

Mother's name	.	Father's name	.
Cell Phone	.	Cell Phone	.
or contact (name)	.	Phone	.

If attempts to contact at the above numbers have been unsuccessful, I hereby give my consent for:

1. Administration of any treatment deemed necessary by a licensed physician, medical staff or ER and
2. the transfer of my child to a hospital or emergency facility as deemed necessary by the school personnel or physician

Parent signature	.
Parent printed name	.
Date	.



YEARLY FIELD TRIP CONSENT FORM (continued)

PART D (Transportation)

Transportation for this field trip is being provided by a private bus company or staff car.

1. I understand that Al Ihsan School will not be responsible for nor supervise my child during any time period he/she is in route in any vehicle (including bus) to the destination. Supervision will continue again when staff meets the student at the field trip's final destination. Students are expected to behave when traveling in any vehicle (including bus) but the school will not be responsible for any student who causes harm themselves and/or to others due to limited supervision in a vehicle (including bus).

2. I understand that should I decline to give permission for my child to ride the transportation the school offers for the educational trip, they must stay home for that day and it will be considered an unexcused absence unless I choose to drive my child to the destination.

With the full knowledge and understanding indicated in paragraphs 1-2 above, I authorize my child to be transported by staff car, a private bus company as indicated on the Parent Approval Form. I waive any rights I or my child may have to damages and release Al Ihsan School from any responsibility or harm which might occur to my child (including, but not limited to, any harm that may result from automobile accidents or lack of supervision) while he/she is in route in the vehicle (including bus) until he/she meets the school employee responsible for the trip at the final destination.

Parent signature	.
Parent printed name	.
Date	.

STUDENT MEDIA RELEASE FORM

Student's full name	.	Grade	.
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Al Ihsan School regularly uses several forms of media (either as a whole school or individual students or classes) to publicize our students and their achievements, as well as, school activities. We may publish students' names, photographs, or achievements in our school publications or release the information to local media (newspaper, radio, Internet and television).

The acceptable posting policy has been designed to protect all students and inform students and employees as to appropriate content to be placed.

<p><u>Will use –</u></p> <ul style="list-style-type: none"> ✓ Student first name ✓ Last name initial ✓ Teacher's name, class, grade ✓ Student's work ✓ Student's photo ✓ Student's performance 	<p><u>Will not use –</u></p> <ul style="list-style-type: none"> ✓ Student's last name ✓ Student's addresses ✓ Student's phone number ✓ Personal email addresses ✓ Other personal information
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Please mark YES or NO for the following:		
Picture	Yes	No
Video	Yes	No

Parent signature	.
Parent printed name	.
Date	.

STUDENT PICK-UP AUTHORIZATION FORM

Dear Parents:

The safety of our students is one of our most important jobs. Please be aware that we will release your child only to you and people who are authorized to pick them up. Please fill out the information below so that we know who may pick up your child. Individuals must still bring in a photo ID for us to verify.

Student's full name (please print)	.	Grade	.
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I, as the parent of the child named above, give permission for the following individuals to pick up:

Full Name	.		
Relationship	.	Phone	.

Full Name	.		
Relationship to student	.	Phone	.

Full Name	.		
Relationship to student	.	Phone	.

Full Name	.		
Relationship to student	.	Phone	.

****Student(s) will not be released to anyone except those who are listed above ****

Parent signature	.
Parent printed name	.
Date	.

EMERGENCY CONTACT FORM

TWO Emergency Contacts other than parents (must be local).

I authorize these individuals to transport my child to the nearest available source of assistance in case of any emergency.

Full name	.					
Relationship to student	.		Phone	.		
Address	.					
City	.		State	.	Zip	.

Full name	.					
Relationship to student	.		Phone	.		
Address	.					
City	.		State	.	Zip	.

Parent signature	.				
Parent printed name	.				
Date	.				

EMERGENCY TRANSPORTATION AUTHORIZATION FORM

(Please mark one box - Do *not* mark both boxes)

Student Name	.	Grade in 2020 – 2021	.
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I give Al Ihsan Preschool permission to have my child transported to the nearest hospital, doctor’s office, dental office and/or clinic for any emergency (medical or dental) or to the nearest available source of assistance.

Parent signature	.
Parent printed name	.
Date	.

I do not give Al Ihsan Preschool permission to have my child transported for any emergency medical or dental care. In the event of an illness or injury which requires emergency (medical or dental treatment), I wish for the following action to be taken:

Please explain here -
.

Parent signature	.
Parent printed name	.
Date	.

STUDENT ROSTER PERMISSION FORM

A roster of names and phone numbers of parents (who have agreed to share such information) will be prepared annually and available upon request. Only those individuals who give their permission to be on the roster will be included. The roster will be provided only to a parent/guardian of a child who attends the preschool or to the director's representative for review.

Please indicate your preference regarding the inclusion of your name on the preschool roster:

I agree to have my name and phone number included on my child's preschool roster, which will be made available upon request to any parent whose child is enrolled in the preschool

- Yes, include name and phone number on the roster No, do not include

Parent signature	.
Parent printed name	.
Date	.

Al Ihsan Preschool Enrollment for 2020 - 2021 School Year

FEE PAYMENT AGREEMENT FORM

Al Ihsan Preschool Fee Structure:

1. Registration Fee: \$50 (to be paid at the time of registration each year, non-refundable)
2. Supply Fee: \$125 (to be paid at the time of registration each year, non-refundable)
3. Tuition: \$525/month (total 10 installments August – May for \$5,250/school year)
4. Additional fee may be charged for other activities such as field trips, special days, etc.

Full payment of the tuition is due on the 10th of each month. Checks should be made payable to Al Ihsan School and delivered to the school office. **A late fee of \$10 per student will be charged for payments received after the 10th of each month.** Children whose parents have not paid the tuition by the 10th of each month will not be allowed to attend classes until the dues have been cleared.

Parents who intend to withdraw their child/children from the preschool should inform Al Ihsan Preschool *in writing* at least fifteen (15) days in advance. Tuition dues will be prorated.

Your signature below signifies your agreement with the terms outlined above in this document.

Student's full name	.
Parent signature	.
Parent printed name	.
Date	.