



HIC | MASJID IBRAHIM ACADEMY REGISTRATION FORM

SPRING SEMESTER | JAN – JUNE 2022 | \$150 [per child]

CHILD #1

STUDENT NAME: _____

DATE OF BIRTH: _____ FIRST _____ LAST _____
MONTH DAY YEAR GENDER: MALE ☐ FEMALE ☐

ANY MEDICAL ILLNESS OR ALLERGY: _____

CHILD #2

STUDENT NAME: _____

DATE OF BIRTH: _____ FIRST _____ LAST _____
MONTH DAY YEAR GENDER: MALE ☐ FEMALE ☐

ANY MEDICAL ILLNESS OR ALLERGY: _____

PARENT / LEGAL GUARDIAN NAME: _____

PHONE CONTACT #1: _____ FIRST _____ LAST _____
PHONE CONTACT #2: _____

FAMILY ADDRESS: _____

STREET CITY STATE ZIP

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

REGISTRATION FEE MADE VIA:

☐ CREDIT/DEBIT CARD ☐ CHECK ☐ CASH ☐ HIC WEBSITE ☐ OTHER _____

RECEIPT / CONFIRMATION # _____ [PROVIDED BY ACADEMY ADMIN]

===== DO NOT WRITE BELOW THIS LINE | MASJID IBRAHIM ACADEMY USE ONLY =====

STUDENT REGISTRATION COMPLETED | NAME, CONTACT INFO, SIGNATURE, ANY MEDICAL CONDITION ☐

PAYMENT METHOD _____ RECEIPT / CONFIRMATION PROVIDED ☐

CONFIDENTIAL PAPERWORK SAVED AND FUNDS REPORTED TO HIC | MASJID IBRAHIM TREASURER ☐