



IQRA Academy Registration Form - Academic Year: 2025 - 2026

Islamic Society of Carroll County

Children Information:

Child Name: _____ Age: _____

Family Information:

Parents/Guardian Names: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email address: _____

Tuition: **Tuition commitment is for the entire academic year.**

Check to "ISCC" or Online (isccmd.org)

One payment: \$240.0 Amount: _____ Method: _____

Two payments:

September 2025: (\$120.00 per child): Amount: _____ Method: _____

January 2026: (\$120.00 per child): Amount: _____ Method: _____

Donation to Iqra Academy: Donation is a not requirement for admission to Iqra Academy

Please note that the tuition **does not** cover all the costs of Iqra Academy

Donation is appreciated. Amount: _____ Method: _____

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact Information - If possible, at least one person not living in the same home.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Health Information

Health Insurance Company: _____

Name and Phone number of Pediatrician: _____

It is the responsibility of the parent/guardian to inform Iqra Academy of any changes in the above information.

STATEMENT OF UNDERSTANDING:

I, the undersigned, am the parent and/or legal guardian of the aforementioned child(ren) on this application and request their admittance into Iqra Academy for 2021- 2022 academic year at the Islamic Society of Carroll County (ISCC). I agree to the ISCC tuition fee structure stated in this form and will pay according to my designated choice of a single payment, two payments or three payments. I understand that ISCC or Iqra Academy staff will not administer any regular medications to any child in the Iqra Academy. I also understand that there is no reason that each child listed on this form cannot or should not participate during the play break time. In case of any necessary medical emergency, I agree to be responsible for any medical bills incurred in the treatment of any illness or accident of my child(ren). I understand that, as a condition of admittance of each child as a student of Iqra Academy, that I do release ISCC, its staff members, ISCC elected officers and adult volunteers at Iqra Academy harmless and from any liability resulting from injury or illness suffered by the child(ren) during the Iqra Academy session timings or Iqra Academy's sponsored events and trips.

I, _____, the legal parent/guardian of the child(ren) named in the application have read and understand the above and acknowledge and accept full responsibility as described.

Signature: _____ Date: _____

Witness' Full name and Signature (at Iqra Academy): _____