



ICP ISLAMIC SCHOOL REGISTRATION FORM

Student and primary parent / guardian information.

Learn with purpose. Grow in faith. Serve with mercy.

1 STUDENT INFORMATION

Student legal name *

Preferred name / pronunciation

Date of birth *

Age

Grade entering *

Current school

Gender

Primary language(s)

Male

Female

Prefer not to state

Home address *

City *

State *

ZIP *

Student phone (if applicable)

2 PARENT / GUARDIAN 1

Full name *

Relationship *

Primary phone *

Email *

Alternate phone

Same address as student

Address if different



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Additional guardian, emergency contacts, and pickup information.

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3 PARENT / GUARDIAN 2

Full name

Relationship

Primary phone

Email

Alternate phone

4 EMERGENCY CONTACTS

Emergency contact 1 *

Relationship *

Phone *

Emergency contact 2

Relationship

Phone

5 AUTHORIZED PICKUP / CUSTODY INFORMATION

Authorized pickup names and relationships *

Pickup restrictions / custody notes

A custody / court order affects pickup. I will provide a current copy to the school office.



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Medical, allergy, dietary, and support information.

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6 MEDICAL / ALLERGY INFORMATION

No known allergies

Allergies and reaction details

No routine or emergency medications

Medication names / instructions

No known medical conditions

Medical conditions / emergency steps

Dietary restrictions

Learning, behavioral, sensory, or accessibility supports

7 ADDITIONAL HEALTH NOTES

Any other health or safety information school staff should know



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Qur'an placement, learning profile, and tuition acknowledgment.

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8 LEARNING PROFILE / PLACEMENT

Qur'an reading level / books used

Surahs memorized / current memorization

Previous Islamic studies / school experience

Student strengths, interests, or goals

9 TUITION ACKNOWLEDGMENT

Current published tuition is \$85 per month per student. Sibling discounts and other adjustments follow current ICP Islamic School policy. The school may provide a separate payment agreement or invoice.

I understand that tuition and payment policies must be followed for continued enrollment.

10 PARENT / GUARDIAN ACKNOWLEDGMENTS

I will promptly update contact, medical, custody, and pickup information.

I understand regular and punctual attendance supports student learning.

I will follow school drop-off, pickup, identification, and dismissal procedures.

I will keep my child home when ill and follow ICP Islamic School health guidance.

I support expectations of respectful behavior, adab, prayer etiquette, and care for people and property.



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Final acknowledgments, parent signature, and office use.

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11 ADDITIONAL ACKNOWLEDGMENTS

I understand placement, class assignments, staffing, schedules, and program offerings may be adjusted as needed.

I understand separate permission may be requested for off-site activities or special events.

12 PARENT AGREEMENT AND SIGNATURE

I certify that the information provided in this registration is accurate and complete. I authorize my child to participate in supervised classroom, prayer, indoor, and outdoor activities on Islamic Center of Peoria property as part of ICP Islamic School programming.

By typing my name below, I intend to sign this form electronically.

Parent / guardian signature *

Date *

Relationship

13 OFFICE USE ONLY

Date received

Assigned class / level

Teacher

Student ID

Waiver received

Media consent received

Payment arrangement complete

Pickup information complete

Medical information reviewed