



In the Name of Allah, the Most Gracious, the Most Merciful

Islamic School of Columbia – Missouri

E-mail address: iscmschool@gmail.com

Year 2011-2012

*“Read in the name of your Lord who created...Who taught by the pen
Taught man which he knew not.” Qur`an: 96: 1-5*

Dear Parents: Assalamu Alaikum.

The Islamic School of Columbia-Missouri welcomes you and your child to another school year. We are happy that you chose this school, and pray to Allah (SWT) that this will be an enjoyable and productive year for your child. Amin. Below is useful information that you should be aware of.

Starting Date: Thursday, August 18, 2011

Registration: Your child must be registered before attending school. Please turn in your child's enrollment form (for new students) or Health history Authorization form and Emergency Information Form (for new and returning students) prior to Monday, August 15 to the school office.

Immunizations: An up-to-date immunization record must be in the school office before your child can be admitted into the classroom.

Birth date: For newly-incoming students, please provide a copy of a birth certificate or any other document that shows your child's date of birth to the school office.

Enrollment Age: Students should turn age 5 on or before October 31 to enroll in KG, age 3 for Preschool and age 6 for First grade.

The above documents, registration form, emergency form, immunization record, and birth certificate and/or documents of birth date verification, need to be returned to the school office no later than August 17, 2011.

After School Child Care: There will be an after school childcare program available daily between 3:30 p.m. and 4:30 p.m. If you are interested in enrolling your child in this program, then please fill out the attached form and return it to the school office. There will be a charge of \$5.00/hr per child.

School Hours: 7:45 a.m.-3:30 p.m.

Drop-Off Time: Starts at 7:30 a.m.

Daily Assembly: 7:45 a.m.-8:00 a.m. (Mandatory for all grade levels)

Pick-Up Time: 3:30 p.m.-3:45 p.m.

After 3:45 p.m., your child will be taken to the supervised after school child care program. You will be charged a fee of \$5.00/hour per child for the time your child spends in the program.

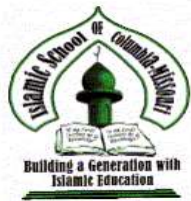
Lunch/Transportation: Parents are responsible for providing their child's lunch and transportation.

Tuition and Fees: **Preschool: \$375/month**

KG-5th grade: First child: \$300/month Additional child: 250.00/month

- ✓ \$25.00 registration fee is required for new students
- ✓ \$150.00 nonrefundable book/supply fee is required for all students.
- ✓ All tuition and fees should be paid in full at the beginning of each month.
- ✓ Please make checks payable to ISC-M.

Snow Days/ Early Dismissal: We follow Columbia Public School inclement weather procedure. Please check local TV (KOMU TV8) stations for information.



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Islamic School of Columbia – Missouri

408 Locust Street, P. O. Box 92 – Columbia, MO 65205

Tel (573) 442-1556 Fax: 1-800-531-8816

E-mail address: iscmschool@gmail.com

"Your Child's Future Starts Here!"

Enrollment Form

This form should be completed for all students

Child's Information:

School Year: _____

Name: Last _____ First: _____ Middle _____

Sex: M F (circle one) Date of birth (m/d/y): _____

Name of previous school: _____ Phone (____) _____

Contact Person: _____ Position: _____

Parent's Information:

Father's Name: _____ SS # _____

Home phone (____) _____ Mobile phone (____) _____

Address: _____

E-Mail Address: _____

Employer: _____ Work Phone _____

Mother's Name: _____ SS # _____

Home phone (____) _____ Mobile phone (____) _____

Address: _____

E-Mail Address: _____

Employer: _____ Work Phone _____

Persons (other than parents) authorized to take child from the school:

Name: _____ Phone _____ Relationship: _____

Name: _____ Phone _____ Relationship: _____

In case of emergency, contact: Name: _____ Phone _____

Parent/Legal Guardian Signature

Date



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Student Emergency Form

This form should be completed for all students

School Year: _____

Student's Name: _____
Last First Middle

Father's Name: _____

Address: _____

Home phone # () _____ Mobile phone # () _____

E-mail address (important) _____

Employer: _____ Work phone # () _____

Mother's name: _____

Street Address: _____

Home phone # () _____ Mobile phone # () _____

E-mail address (important) _____

Employer: _____ Work phone # () _____

Persons (other than parents) authorized to take your child from the school:

Name: _____ Phone # _____ Relationship: _____

Name: _____ Phone # _____ Relationship _____

In case of emergency, contact: Name: _____ Phone #: _____

Parents/Legal guardian signature

Date

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Child's Personal Development (For Preschool only)

SOCIAL RELATIONSHIPS

Has the child had experience playing with other children? YES NO

Describe your child's social activities: _____

Does he/she enjoy being alone? _____

How does he/she relate to strangers? _____

Does he/she demand a lot of adult attention? _____

Favorite toys and activities at home: _____

Does he/She like to be read to? _____

List child's favorite activities: _____

FEEDING

Does your child enjoy eating? YES NO

Does your child eat unassisted? YES NO

Are there any special feeding problems? _____

SLEEPING

Is your child toilet trained? YES NO

What time does your child goes to bed at night? _____ Awakens? _____

Does he/she walk, talk, to bed with him? _____

What does he/she take to bed with him? _____

Does he/she take naps, and at what times? _____

COMMENTS

In what particular ways can we help your child this year? _____



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Health History Form

This form should be completed for all students

Name: _____ Date of Birth: _____
 First Middle Last

Address: _____

Phone (H) _____ Cell _____

Name of Insurance Company: _____ Policy # _____

Name of Physician: _____ Phone _____

Does your child have any chronic diseases or other health problems that might interfere with medical or surgical treatment? Yes: _____ No: _____

(If yes, please specify) _____

Does your child have any of the following? (Please check those that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> convulsion |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> frequent cold | <input type="checkbox"/> Stomach Upsets |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Urinary Problems | <input type="checkbox"/> Problems with skin rash |
| <input type="checkbox"/> Problems with soiling | <input type="checkbox"/> problems with diarrhea | <input type="checkbox"/> Problems with constipation |
| <input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Frequent ear infection | |

Has your child had any of the following diseases? (Please check those that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Worms | <input type="checkbox"/> Impetigo |
| <input type="checkbox"/> Ringworms | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Head lice |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Measles (hard) | <input type="checkbox"/> Poliomyelitis |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> German Measles | |

Does your child take any medication on a regular basis? Yes: _____ No: _____

(If yes, please explain) _____

When was your child's last Physical examination, and for what purpose? _____

Allergies (if any) _____

By signing this healthy form, you are giving permission to the Islamic School of Columbia- MO release the medical information to medical personnel in an emergency.

Parent's signature: _____ Date: _____