



108 South Lakewood Rd.
Lake in the Hills, IL 60156, USA
Phone: 224-858-4121
Website: <http://amco.org>
E-mail: school@amco.org

SUNDAY SCHOOL

Fall 2019 - Spring 2020 Registration Form, KG – Grade 10

My child(ren) currently attend(s) AMCO Sunday School:

☐

Yes

☐

No

Father's or
Guardian's Name: _____

Home Address: _____

Street

City

State

Zip Code

Cell #:

E-mail:

Mother's or
Guardian's Name: _____

Home Address: _____

Street

City

State

Zip Code

Cell #:

E-mail:

Student Information:

First Name	Last Name	Date of Birth (MM / DD / YEAR)	Gender (Male or Female)	Enrolling for which grade?	**Student Photo (Y/ N)**

** Parental permission is required for posting photographs of students on AMCO's Website/FB/Newsletter.

☐

Yes: I give permission

☐

No: I do not give permission

Parent's Signature / Guardian's Signature

Date



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Fee Structure:

Number of Students	Fee Paid by Cash or Checks	Fee Paid by Credit Card, 3% will be added
One	\$ 300.00	\$
Two	\$ 400.00	\$
Three	\$ 500.00	\$
Four	\$ 500.00	\$

- Fees include cost of books, lunch & extracurricular activities.
- Seats are not guaranteed if any class is full.
- Please sponsor a child \$200 or more.
- Donations are welcomed.

✓ Please make checks payable to “**AMCO**” and include “**Sunday School, Home/Cell Phone #**” in the memo.

FOR OFFICE USE ONLY:

Number of Students	Paid by Cash	Paid by Check	Paid by Credit Card, 3% added	Total	Remarks
One	\$	\$	\$	\$	
Two	\$	\$	\$	\$	
Three	\$	\$	\$	\$	
Four	\$	\$	\$	\$	
Sponsor a child	\$	\$	\$	\$	
Total Paid:	\$	\$	\$	\$	

Credit Card Type (add 3% to total amount): ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

Check #: _____

CC #: _____

Expiration Date: _____ / _____
(MM) (YYYY) Security Code

Received by: _____



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Website: <http://amco.org> E-mail: school@amco.org

Emergency Contacts:

Student's Name	Primary Phone #	Relationship	Secondary Phone #	Relationship

Medical Information:

Student's Name	Grade	Medical, Allergies and Other Details

Parent/Guardian Volunteer Opportunities (proper training will be provided):

Assembly ☐ Competition ☐ Extracurricular Activities ☐ Graduation ☐ Lunch
Parent Teacher Conference ☐ Sports ☐ Wudu ☐ Teacher ☐ Substitute Teacher

Please submit registration form in person during school hours between 9:45 a.m. and 1:30 p.m.



PARENT/GUARDIAN RESPONSIBILITIES

Parent / Guardian are expected to accept the following responsibilities for their children in accordance with the Islamic guidelines:

Pay all tuition fee dues for the student's enrollment in the school.

Bring your children to school on time. They need to be well groomed and dressed in accordance with the Islamic dress code.

Teach your children to respect everyone. Encourage your children to be kind and courteous. Encourage your children to respect teachers and to obey the school rules.

Make sure your children bring their books and all necessary study materials. Pick up your children on time.

Check weekly with your children for homework assignments, quiz/exam dates, and for any written notices sent from AMCO Sunday School. When needed, schedule appointments with the teachers to meet either before or after school.

Actively support the programs and activities of the AMCO Sunday School.

Attend Parent-Teacher Conferences when scheduled.

Dhuhr prayer is part of AMCO Sunday School curriculum and it is expected for all students and parents to participate.

AMCO Sunday School extracurricular activities (such as field trips) will require Parent's permission. Extracurricular activities information will be sent to parents.

Parents are not allowed in the classroom or hallway. Any parent who disrupts the operation of school and creates conflicts will have their child's registration cancelled. Sometimes children misunderstand or misinterpret the information given in the class. If you hear something from your child that sounds strange or wrong, please verify the information with the teacher directly instead of passing on the wrong information to others.

Additionally:

I agree that my child must abide by the rules of the school and must participate fully in the program. I understand that AMCO Sunday School reserves the right to request any participant to leave the program if a participant's conduct is determined to be disruptive to the program and fellow registrants.

I understand that AMCO, its administration, officials, teachers, and staff are not responsible for any injuries or loss of property that may occur.

In the case of an emergency where I cannot be contacted, I authorize the administration to seek medical attention and/or administer any needed emergency procedures for the registrant. I also authorize my insurance information to be used, and I authorize AMCO Sunday school or the insurance company to release any information required to process the claim. I also understand that I am financially responsible for all costs incurred in the process.



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I understand that my child(ren) will not be allowed to begin or continue with the program if payment in full is not made prior to the beginning of their first session.

Print Parent's / Gaurdian's Name

Parent's / Guardian's Signature

Date

FOR OFFICE USE ONLY:

Date	Paid by Cash	Paid by Check	Paid by Credit Card	Balance Due	Notes
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Total:	\$	\$	\$	\$	