Islamic Center of Midland
1801 N. Stark Rd Midland, MI 48642 Phone: 989.378.9988 Email: Contact@islamiccentermidland.org

ISLAMIC WEEKEND SCHOOL, MIDLAND, MI.
ENROLLMENT FORM 2025-26

Student' Details

Student 1:_____ Date of Birth:_____ Level:_____ Gr:_____

Student 2:_____ Date of Birth:_____ Level:_____ Gr:_____

Student 3:_____ Date of Birth:_____ Level:_____ Gr:_____

Student 4:_____ Date of Birth:_____ Level:_____ Gr:_____

Parents' Details

Father's Name:_____ M-Phone:_____ H-Phone:_____ Email :_____

Mother's Name:_____ M-Phone:_____ H-Phone:_____ Email :_____

Home Address:_____ City:_____ State:_____ ZIP :_____

Emergency Contact

Name:_____ M-Phone:_____ Email :_____ Relationship:_____

Special Needs/Allergy Information: _____

No Annual Fee: Parents are requested to arrange textbooks for their children. We can assist with book orders.

All parents must sign up to help and volunteer:

Teaching/Substitute Teaching _____

Organizing School Supplies _____

Organizing Food in Assembly/picnics /parties/outings _____

Initial _____

RELEASE OF LIABILITY: I take full responsibility and waive any claim for compensation for injury and health issues, in particular dissemination of COVID or any disease, incurred by my child/children while attending Sunday School classes and activities. I agree that I will not hold any of Islamic Sunday School staff, volunteers, students, employees and any other personnel associated with Islamic Sunday school liable for any and all claims which may arise while participating in the program.

Student's Parent's/Guardian's Signature _____ Date _____