



# IMAN LEARNING CENTER Enrollment Application

Child's Name: \_\_\_\_\_  
Last First Middle

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: M F

Child's Social Security #: \_\_\_\_\_ Parent Social Security #: \_\_\_\_\_

Circle Days to Attend: Mon Tue Wed Thu Fri Circle one: Full time Part time Enrichment 9:30-12:30

Hours needed at the center: \_\_\_\_\_ to \_\_\_\_\_ *Infant room is limited to 9 ½ hours per day*

Father / Guardian: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Driver's license #: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Mother / Guardian: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Home phone#: \_\_\_\_\_ Work phone#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Work hours: \_\_\_\_\_

Parent's Marital status: \_\_\_\_\_ Custody with: \_\_\_\_\_ Child's primary address: \_\_\_\_\_

May the non-custody parent pick the child: \_\_\_\_\_ YES \_\_\_\_\_ NO, documentation may be required

The child will be released to the following people on this application and the following emergency contacts:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Pass Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Pass Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Pass Code: \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_

Any allergies or special needs: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

To the best of my knowledge I have completed the above information to be true and accurate and I further understand to the following terms and agreement:

1. A late fee of \$1.00 per minute is charged for every minute after 6:30 p.m. per child.
2. I agree to pay the late charge for tuition payments received after Monday.
3. I understand that I must pay an activity fee for school registration and an activity fee for the summer program for my child to participate in Iman Learning Center programs.
4. I have reviewed Iman Learning Center policies and will adhere to all regulations set forth.
5. I understand that a two week written notice must be given to have my deposit applies to my last week's tuition otherwise it will be forfeited.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_