



225 Tilton Ave. San Mateo, CA 94401  
Phone: (650) 572-0222

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## **IT'S REGISTRATION TIME** **FOR THE 2017-2018 SCHOOL YEAR**

Alsalam Alikum Dear Parents of Current Muslim Children's Garden:

It's time to register your child for the fall. Enclosed is an enrollment packet for the 2017-2018 School Year. Each packet contains the following information

- ❖ **Application for Enrollment**
- ❖ Complete and sign the Financial Agreement
- ❖ **Write checks as follows:**
- ❖ Application fee \$75 due February 27th, 2017 (nonrefundable).
- ❖ Material Fee of \$200.00 dated August 1<sup>st</sup>, 2017 (nonrefundable).
- ❖ Submit check (s) for annual tuition using one of the following options: A check in the amount of the total annual tuition or 10 month-payment plan. Checks are post-dated as follows: August 1 through May 1. School year is based on 40 weeks therefore your payments are calculated for every 4 weeks. Extra weeks are included in the first deposit payment (August-nonrefundable )
- ❖ Submit two Volunteer Deposit Checks in the amount of \$50.00 each, dated **Jan 1, 2018** and **June 1, 2018** (refundable if 20 hours of volunteer work for the school are certified & submitted)
- ❖ **Snack check (\$200 or add \$20.00 for each payment) Dated August 1<sup>st</sup>, 2017.**
- ❖ **Fundraising check \$150.00 postdated Jan 15<sup>th</sup>, 2018 (nonrefundable)**
- ❖ Submit copies for the student's birth certificate, immunization record and health screening form, emergency form.(new student)
- ❖ **Immunization and health requirement must be completed.** See the attached sheet for the requirements that apply to your child.

Please review, complete, sign, and return the enrollment packet to register your child for the 2017-2018 school year.

All application fee is due on **February 27th, 2017**. After this date, your place cannot be saved and will be open for other families that are applying to MCG.

Abeer ElAfifi  
Director  
Encl.



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## Kindergarten Application for Enrollment 2017-2018

**Submit with \$75 fee**

### Student Information

Student's last name:-----First name-----MI-----

Birth date:----- Age:----- Boy----- Girl -----Soc. Sec. No: \_\_\_\_\_--\_\_\_\_--\_\_\_\_

Home address:-----

City:----- State:----- Zip:-----

Home phone:----- Other phone number-----

#### Student lives with

-----Parents                      -----Father only  
-----Mother only                  -----other-----

Has student applied to MCG before? ----Yes ----No

Any siblings currently attending MCG?-----Yes ----No

#### Last school attended

Name:-----Phone-----

Director -----

Address:-----

County:-----

### Parents Information

#### Father(or guardian)

Last name:-----First name:-----MI-----

Address:-----City-----State-----Zip-----

Home Phone:-----Profession-----

Soc. Security No: \_\_\_\_\_---\_\_\_\_---\_\_\_\_\_

Employer's name-----Occupation-----

Employer's address-----

Business phone:-----Email:-----

#### Mother (or guardian)

Last name:-----First name:-----MI-----

Address-----City:-----State:-----Zip:-----  
 Home phone:-----Profession-----  
 Soc. Security No \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_  
 Employer's name -----Occupation-----  
 Employer's address:-----  
 Business phone:-----Email:-----

**Other Information:**

**Race/Ethnicity**

- White, not Hispanic                      --- Hispanic
- Black, not Hispanic                      --- American Indian, Alaskan, Eskimo
- Asian or Pacific Islander              --- Filipino
- Other (specify) -----

**Emergency contacts other than parents**

Name: -----Relationship:-----Phone:-----  
 Name:-----Relationship:-----Phone:-----  
 Name:-----Relationship:-----Phone:-----

MCG Emergency Policy: Minor first aid will be administered by MCG staff. Parents and emergency contacts will be called for injuries/illnesses beyond our ability to handle. "911" will be called to assist in the event of serious illness or injury, The MCG emergency policy is in effect for all students. Your child's attendance in the school signifies your acceptance of this policy.

**Language(S) spoken \_\_\_\_\_**

Has this student ever had psychological testing or been screened for academic difficulties or learning disabilities? -----Yes       -----No

Is there any medical information MCG should be aware of? \_\_\_\_\_

Family Physician: \_\_\_\_\_ phone: \_\_\_\_\_

**I understand that Arabic and Islamic Studies are mandatory at Muslim Children's Garden School, And I agree to work with or provide a tutor for my child to achieve the passing grade needed for promotion to the next grade. I agree to commit 20 volunteer hours during the year.**

**Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



# Muslim Children's Garden

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## K Financial Agreement 2017-2018

TO be completed for each family and submitted at the time registration

Parent's Name:

-----  
Last
First

Street Address:

-----

Phone:

-----  
Home
Father's Work

Mother's Work

Students Name & Grades:

-----

Grades	Tuition	Number of Students	Monthly Installment Calculation
Kindergarten (8:30 - 2:00)	\$750.00		
		<b>Subtotal</b>	<b>\$</b>
	<b>Discount for the Second child</b>	<b>(Less 10 %)</b>	
		<b>Total</b>	<b>\$</b>

### Terms And conditions of Agreement:

1. Full payments of fees are required for the acceptance of students. In addition to the tuition above, the following apply:

- Application fee of \$75.00(non-refundable February 27th, 2017) for all new and continuing students.
- Materials fee of \$200.00 (August 1<sup>st</sup>, 2017 (non-refundable)
- Fundraising \$150.00 (Jan 15, 2018) (non-refundable)
- Annual tuition post-dated checks for the entire year's tuition. Tuition checks are to be dated as follows:
- August. 1, Sept. 1, Oct. 1, Nov. 1, Dec. 1, Jan. 1, Feb. 1, Mar. 1, Apr. 1, May. 1.
- Submit two volunteer Deposit Checks in the amount of \$50.00 each, dated Jan 1, 2018 and June 1,2018 (refunded if 20 hours of volunteer work for the school are certified and submitted)
- Snack check is required for the amount of \$200.00 (\$20x10)(August 1<sup>st</sup>, 2017)
- Other incidental fees during the school year for special in-class or field trips, as required.

2. The full yearly tuition is due at registration time. Monthly payments are allowed only as a convenience to parents and to

facilitate payments. Therefore, tuition is due in full regardless of whether school is in session for the whole month or not. Abuse of this system and failure to maintain timely payments will result in dismissal of students from Muslim Children's Garden. **30-day advance written notice is required for any withdrawals. No refunds will be issued after Feb.1 2018.**

3. A \$35 fee will be charged for returned checks after which payments will be required by certified check or money order.

4. MCG reserves the right to dismiss any student for whom we determine we can't meet his/her individual needs.

5. MCG reserves the right to refuse services if the terms and conditions of this Agreement are disputed or violated.

6. MCG reserves the right to make changes in the fees and programs offered without prior notice.

**7. If your child is picked up late after the conclusion of the program in which he/she is enrolled, there is a charge of \$5 for the first 15 minutes, then \$5 for each subsequent five minutes.**

We, the undersigned, have read and understood the above conditions and agree to abide by them.

Father's Signature: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MCG IMMUNIZATION REQUIREMENTS

Dear Parents,

Muslim Children's Garden requires that students entering grades Pre-K to K fulfill the following requirements. Also read carefully the Guide to the requirements of the California School Immunization Law for grade K. Please make sure your child has completed all required immunizations.

### PK

1. TB test ( if requested by the doctor)
2. Immunization as per the Recommended Childhood Immunization Schedule
3. Birth Certificate

### KINDERGARTEN

1. TB test (PPD Mantoux) (The skin test must have been completed within 18 months prior to entering Kindergarten)
2. Immunization as per requirements for K
3. 3 doses of Hepatitis B
4. 2 doses of MMR
5. One dose of varicella or varicella (chicken pox) disease history documented by physician
6. A physical exam.
7. Birth Certificate

## MCG Student Emergency Information 2017-2018

### Student Information

Last name: ----- First name: -----  
Sex: Male ----- Female ----- Date of Birth: ----- Lives with  
only ----- Parents ----- Father  
----- Mother only ----- Other -----

### Home Information

Home Address: -----  
-----  
Home Phone: -----  
-----  
1<sup>ST</sup> language spoken at home: ----- 2<sup>nd</sup> Language: -----  
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### Parent Information

Father's last name: ----- First name: -----  
---  
Mother's Last name: \_\_\_\_\_ First name: -----

### Father's Work Information

Company name: ----- Work Phone: -----  
-  
Work address: \_\_\_\_\_

### Mother's Work Information

Company name: ----- Work Phone: -----  
--  
Work address: \_\_\_\_\_

### Emergency Contacts (other than parents)

	Name	Relation to child	Daytime Phone
1-	-----	-----	-----
2-	-----	-----	-----

3- \_\_\_\_\_

**List names of persons(including parents') authorized to sign child out of the school**

1 \_\_\_\_\_ 3 \_\_\_\_\_  
2 \_\_\_\_\_ 4 \_\_\_\_\_

**Medical Providers**

Physician name: \_\_\_\_\_ Dentist name: \_\_\_\_\_

Physician phone: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

**Medical Conditions**

Check each condition the student has explain in the " Medical Comments" section following.

----- On medication? \_\_\_\_\_ Limited activity? \_\_\_\_\_ Allergy bee sting? \_\_\_\_\_  
Vision problem  
\_\_\_\_\_ Diabetes? \_\_\_\_\_ Heart problem? \_\_\_\_\_ Hearing problem? \_\_\_\_\_  
Seizure disorder?  
\_\_\_\_\_ Allergy other? \_\_\_\_\_ Contact lens? \_\_\_\_\_ Asthma?

Medical comments: \_\_\_\_\_  
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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