

Sunday School Enrollment Agreement

Sunday, September 10, 2023 to Sunday, June 16, 2024

Terms and Conditions of Enrollment

- Sunday School runs 11:00-2:00 pm and includes 1 hour/week Qur'an and Arabic tutoring.
- The registration fee of \$35 per K-12 student is non-refundable.
- It is understood that upon signing this enrollment agreement the signers are obligated to pay tuition and fees for the entire academic year whether or not the student remains enrolled, except under special circumstances approved by NLC.
- Monthly tuition payments (the annual tuition broken down into 10 installments) are due as indicated on the school calendar.
- Late payment (submitted after tuition day at 10 pm) incurs a late fee of \$30/month, due immediately.

I enroll the following in NLC Sunday School:

Tenron the fonowing in the Sunday School.						
Student Name(s)	School Grade	Annual	Twice	Monthly		
Child 1:		\$1000	\$500	\$100		
Child 2:		\$1000	\$500	\$100		
Child 3:		\$900	\$450	\$90		
Child 4:		\$600	\$300	\$60		
Child 5:		\$500	\$250	\$50		
Child 6:		free	free	free		
Parent 1:	_	\$600	\$300	\$60		
Parent 2:	_	\$500	\$250	\$50		

Registration Fee: Total Number of Applican	ats @ x \$35 =
Paid by (mark one): cash che	zek # Zelle to (315) 440-8381
Please select your payment option:	
Option 1: Twice, on 9/10/23 and 1/7/	24.
Option 2: Monthly installments due of	on 9/10, 10/1, 11/5, 12/3, 1/7, 2/4, 3/3, 4/7, 5/5, 6/2.
in the NLC Handbook available online and in	print.
Mother:	
Signature	Date
Father:	
Signature	Date



Parent & Emergency Contact Form

Contact Information for Pare	ent/Guardian 1:
Name/Relationship	
Phone Number/s	
Email Address	
Mailing Address	
Contact Information for Para	ent/Guardian 2:
Name/Relationship	
Phone Number/s	
Email Address	
Mailing Address	
Emergency Contact Information	tion:
Name/Relationship	
Phone Number/s	
Email Address	
Mailing Address	



Liability Waiver

	Signature	Date				
If you	would prefer that NLC not use your child's imag					
in adv indica howev	notographs and video clips of students are frequent ertising, and in school promotional material. If yo te by signing below, and we will do our best to hor er, that your child will not appear in a group phot ent, parent, other individual, or by the press.	u prefer your child's image not appear, please nor your request. We cannot guarantee,				
	Photo Release	Waiver				
	Signature	Date				
I und	erstand and agree to the statements listed above.					
•	 Sundays. I must pick up and be responsible for my children when classes are dismissed. During events such as Parent/Teacher Conferences and staff meetings where children are present with me, I will arrange adequate child care for them. 					
•	I understand that Nas Learning Center does not					
•	 I will be present with my children and be responsible for them at all times unless they are a registered student of NLC Sunday School and under teacher supervision during school hour. Any damage caused by my child/children to the NLC building or the grounds is my responsibility. 					
-	lowing:	0				
I,safety	I,, hereby release Nas Learning Center of all responsibility concerning the safety of my child/children inside and outside of the building during non-school hours. I also agree to					
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Please sign above only if you request that NLC not use your child's photo.



Medical Consent & Allergy Information

	Signature	Date	
I understand and agree	to the statements listed above.		
I give my consent for N above (initial he	Ias Learning Center staff or repr ere)	resentatives to administer the	protocol described
In case of exposure, ple	ase:		
Child 2: S/he is allergic to:			
I give my consent for N above (initial he	Jas Learning Center staff or repr ere)	resentatives to administer the	protocol described
In case of exposure, ple	ase:		
Child 1: S/he is allergic to:			
emergency contact at o	uired to try to contact me and/o ne telephone numbers listed abo k or injured child to an emerger	ove. At no time will Nas Lear	
conditions are necessary responsible for all exper	ntal or other care for my child/re y to preserve the life, limb, or we nses necessary to ensure my chil	ell-being of my dependent(s). d's medical wellbeing. In case	I will be of emergency, Nas
	, give permission for Na		