

## Faith Unity, Inc.

1581 Bristol Pike, Bensalem PA 19020 Tel: (215)-633-8337; Fax: (215)-633-8214

Serving the Muslim Community of the greater Bensalem area since 2002

## FAITH UNITY ISLAMIC SCHOOL: Student Registration Form 2019-2020

## Classes: Sunday 10 am - 1:45 pm except holidays **Student Information** (please print)

| Last   | Name                              | First Name  | M/F             | Birth<br>mm/dd/yy   | Monthly Fees<br>(books extra) |
|--|-----------------------------------|---|-----------------|---------------------|-------------------------------|
|  |                                   |   |                 |                     | \$32 (first child)            |
|  |                                   |   |                 |                     | \$28 (second child)           |
|  |                                   |   |                 |                     | \$25 (third child)            |
|  |                                   |   |                 |                     | \$25 (fourth child)           |
| Payment (check one) : □ 3 months □ 6 months Monthly cost |                                   |   |                 |                     |                               |
|  |                                   |   |                 |                     |                               |
| Payment du   |                                   |   |                 |                     | •                             |
| Members ge □ If unable                                   | et \$15 off tota<br>to pay, pleas | Jnity, Inc.", pleas<br>I for first month; le check here to a<br>please print) | Regular fees a  |                     |                               |
| Member of  | Faith Unity:                      | Yes / No; If "  | Yes", membe     | ership expiration d | ate                           |
| Father:  |                                   |   |                 |                     |                               |
| last nam   |                                   | •   | first name      | MI                  |                               |
| Mother:  |                                   |   |                 |                     |                               |
| last name  |                                   | •   | first name      | MI                  |                               |
| Phone:   |                                   |   |                 |                     |                               |
|  | home                              |   | cell            | email (re           | quired)                       |
| Address:   |                                   |   |                 |                     |                               |
|  | S                                 | street  | city            | state               | zip                           |
| Emergency contact name                                   |                                   |   | lation to stude | nt(s) PI            | none                          |
|  |                                   |   |                 |                     |                               |
| Parent/Guardian signature                                |                                   |   |                 |                     | Date                          |
|  |                                   |   |                 |                     |                               |