



Al Noor Sunday School

Islamic Center of Northland

8801 N Central St. Kansas City, Mo 64155
 816-922-0120 Office
www.ICNKC.org

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

(Please initial by each line)

I, _____ hereby authorize the staff representing Al Noor Sunday School to give consent for any and all necessary emergency medical and First Aid care for my child _____, while he/she is in custody of Al Noor Sunday School. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian.)

Parent/Guardian Signature _____

Date _____

ACKNOWLEDGEMENT OF ACCURACY AND PERMISSION

(Please initial by each line)

I, _____ hereby attest all information in this application to be true and up to date. I understand that if this information is not found to be accurate, my child's place in Al Noor Sunday School may be forfeited.

_____ I give permission for Al Noor Sunday School to take pictures of my child (____ YES _____ NO) and to use those pictures as publicity and marketing for the school (____ YES _____ NO). I understand that my child's name will not be used with the pictures.

Parent/Guardian Signature _____

Date _____

FINANCIAL AGREEMENT

Tuition Per month

Tuition per month	One Child	2 Children	3 Children	Family
<input type="checkbox"/> Sunday School	\$50	\$90	\$120	\$150
<input type="checkbox"/> Quran Classes	\$50	\$90	\$120	\$150
<input type="checkbox"/> Both	\$75	\$135	\$180	\$225

I agree to pay the amount \$ _____ via

Check

Cash

Online

Check payable to: **Islamic Center of Northland**

Scan QR Code to Pay online



Parent/Guardian Signature: _____

Date _____

Need Scholarship: Request for Scholarship Application form.