

Student Name		Gender		Grade in 2025 – 2026	.
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# Al Ihsan School Preschool Enrollment Forms School Year 2025 – 2026



*Your application will not be accepted until all forms are submitted. This may cause you to lose your child's seat for the school year. We do not hold seats for any student whose paperwork is turned in late. Please submit the following:*

- Enrollment Application Form
- Medical Information and Immunizations Form
- Medicine Administration Consent Form
- Child's Physician and Dentist Information Form
- Student Media Release Form
- Student Pick-up Authorization Form
- Emergency Contact Form
- Emergency Transportation Authorization Form
- Fee Payment Agreement Form
- Immunization Records (only if you have not submitted)
- Physical Exam (Must be filled out by a Licensed Physician)
- Birth Certificate (only if you have not submitted)

Please return the following forms to the school office by the due dates set by the school. All forms should be completed in its entirety. If you move during the summer, please inform the school office with an updated address and phone number for our files. If you decide not to return after you have turned in your paperwork, please inform the school as soon as possible.

***\*\*All parent signatures will be considered valid as electronic signatures for typed forms\*\****

**Al Ihsan School**  
**PRESCHOOL ENROLLMENT APPLICATION FORM**  
**FOR 2025- 2026 SCHOOL YEAR**  
**Please return completed application along with payment**  
**\$200.00 Registration fee (fees are nonrefundable) per child**

Please mark one of the following: ☐ New Student ☐ Returning student

Is the child potty trained: ☐ Yes ☐ No

*(The child will be asked to withdraw if the admin determines that he/she is not fully potty trained)*

Grade (please check one box): ☐ Prek 3 (cut off 10/15/2022) ☐ Prek 4 (cut off 10/15/2021)

***Seats are limited and will be available on a first come first serve basis.***

<b>Student's First Name</b>	.	<b>Middle Name</b>	.	<b>Last Name</b>	.
Date of Birth	.			<b>Gender</b>	Grade in Fall .
Name of previous school attended	.				
<b>Mother/Guardian full name</b>	.				
Address	.				
City	.			State	Zip .
Home Phone	Cell Phone	.		Work Phone	.
Occupation	.		Employer	.	
Work Address	.				
	City	.		State	Zip .
<b>Father/Guardian full name</b>	.				
Address	.				
City	.			State	Zip .
Home Phone	Cell Phone	.		Work Phone	.
Occupation	.		Employer	.	
Work Address	.				
	City	.		State	Zip .

***Racial Data: (Per State Reg. 3301-39-03) Please check one:***

☐ Hispanic ☐ Caucasian ☐ African American ☐ Asian ☐ Native American ☐ Other \_\_\_\_\_

Parent Signature	.	Date	.
Email 1	.	Email 2	.

**For Office Records Only**

Date \_\_\_\_\_ payment by ☐ check # \_\_\_\_\_ amount \$ \_\_\_\_\_ Received by \_\_\_\_\_

**MEDICAL INFORMATION FORM**

Student Name	.	Grade	.
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Allergies (food, medication or environmental) and precautions, reactions and treatment .	Mark here if not applicable <input type="checkbox"/>
Medications, food supplements, modified diet currently being administered .	<input type="checkbox"/>
Chronic physical problems .	<input type="checkbox"/>
History of hospitalization .	<input type="checkbox"/>
History of diseases the child has had .	<input type="checkbox"/>
Any additional health or enrollment information you feel we should know about your child .	<input type="checkbox"/>

**IMMUNIZATIONS** (enter month, day, and year)

**\*\* You may submit a record of shots provided by a licensed physician \*\***

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)	.	.	.	.	.
Hepatitis B (Hep B)	.	.	.	.	.
Haemophilus Influenza type b (HIB)	.	.	.	.	.
Measles, Mumps, Rubella (MMR)	.	.	.	.	.
Inactivated Polio	.	.	.	.	.
Varicella (chicken pox)	.	.	.	.	.
Influenza	.	.	.	.	.
Pneumococcal Conjugate (PCV)	.	.	.	.	.

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*The immunizations listed above are recommended.  
Please always consult your child's physician.*

# Al Ihsan Preschool Enrollment for 2025 - 2026 School Year

## MEDICINE ADMINISTRATION CONSENT FORM

ONE FORM FOR EACH MEDICINE IS NEEDED

Student's full name	.	Grade	.
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I, the undersigned, give permission to Al Ihsan School staff members to administer the following medicine(s) to my child for the following time frame:

From	(mm/dd/yyyy) .	To	(mm/dd/yyyy) .
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Medicine	Type (oral? topical?)	Dose	Time	Refrigeration	
.	.	.	.	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> yes <input type="checkbox"/> no

### Specific Instructions:

.
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☐ Yes ☐ No Does the child have any difficulty taking medicines? If yes, please describe:

.
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Please note that any medicine will not be administered to the child that is not listed on this form. A new form will be required if instructions or medicine change.

Physician's signature	.
Physician's printed name	.
Date	.

Parent signature	.
Parent printed name	.
Date	.

**CHILD'S PHYSICIAN INFORMATION**

Student's full name	.				
Physician's full name	.				
Phone number	.				
Address	.				
City	.	State	.	Zip	.

**CHILD'S DENTIST INFORMATION**

Student's full name	.				
Physician's full name	.				
Phone number	.				
Address	.				
City	.	State	.	Zip	.

**STUDENT MEDIA RELEASE FORM**

Student's full name	.	Grade	.
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Al Ihsan School regularly uses several forms of media (either as a whole school or individual students or classes) to publicize our students and their achievements, as well as, school activities. We may publish students' names, photographs, or achievements in our school publications or release the information to local media (newspaper, radio, Internet and television).

The acceptable posting policy has been designed to protect all students and inform students and employees as to appropriate content to be placed.

<b><u>Will use –</u></b>  ✓ Student first name ✓ Last name initial ✓ Teacher's name, class, grade ✓ Student's work ✓ Student's photo ✓ Student's performance	<b><u>Will not use –</u></b>  ✓ Student's last name ✓ Student's addresses ✓ Student's phone number ✓ Personal email addresses ✓ Other personal information
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Please mark YES or NO for the following:		
Picture	Yes	No
Video	Yes	No

Parent signature	.
Parent printed name	.
Date	.

**STUDENT PICK-UP AUTHORIZATION FORM**

Dear Parents:

The safety of our students is one of our most important jobs. Please be aware that we will release your child only to you and people who are authorized to pick them up. Please fill out the information below so that we know who may pick up your child. Individuals must still bring in a photo ID for us to verify.

Student's full name (please print)	.	Grade	.
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**I, as the parent of the child named above, give permission for the following individuals to pick up:**

Full Name	.		
Relationship	.	Phone	.

Full Name	.		
Relationship to student	.	Phone	.

Full Name	.		
Relationship to student	.	Phone	.

Full Name	.		
Relationship to student	.	Phone	.

**\*\*Student(s) will not be released to anyone except those who are listed above \*\***

Parent signature	.
Parent printed name	.
Date	.

**EMERGENCY CONTACT FORM**

**TWO Emergency Contacts other than parents (must be local).**

I authorize these individuals to transport my child to the nearest available source of assistance in case of any emergency.

Full name	.				
Relationship to student	.	Phone	.		
Address	.				
City	.	State	.	Zip	.

Full name	.				
Relationship to student	.	Phone	.		
Address	.				
City	.	State	.	Zip	.

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Parent signature	.
Parent printed name	.
Date	.



**EMERGENCY TRANSPORTATION AUTHORIZATION FORM**

**(Please mark one box - Do not mark both boxes)**

Student Name	.	Grade	.
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☐ I give Al Ihsan Preschool permission to have my child transported to the nearest hospital, doctor's office, dental office and/or clinic for any emergency (medical or dental) or to the nearest available source of assistance.

Parent signature	.
Parent printed name	.
Date	.

☐ I do not give Al Ihsan Preschool permission to have my child transported for any emergency medical or dental care. In the event of an illness or injury which requires emergency (medical or dental treatment), I wish for the following action to be taken:

Please explain here -
.

Parent signature	.
Parent printed name	.
Date	.

**STUDENT ROSTER PERMISSION FORM**

A roster of names and phone numbers of parents (who have agreed to share such information) will be prepared annually and available upon request. Only those individuals who give their permission to be on the roster will be included. The roster will be provided only to a parent/guardian of a child who attends the preschool or to the director’s representative for review.

Please indicate your preference regarding the inclusion of your name on the preschool roster:

I agree to have my name and phone number included on my child’s preschool roster, which will be made available upon request to any parent whose child is enrolled in the preschool

- ☐ Yes, include name and phone number on the roster
- ☐ No, do not include

Parent signature	.
Parent printed name	.
Date	.

## Al Ihsan Preschool Enrollment for 2025 - 2026 School Year

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### **FEE PAYMENT AGREEMENT FORM**

Al Ihsan Preschool Fee Structure:

1. Registration Fee: \$200 (to be paid at the time of registration each year, non-refundable)
2. Tuition: \$580/month (total 10 installments August – May for \$5,800/school year)
3. Additional fee may be charged for other activities such as field trips, special days, etc.

Full payment of the tuition is due on the 10<sup>th</sup> of each month. Checks should be made payable to Al Ihsan School and delivered to the school office. **A late fee of \$10 per student will be charged for payments received after the 10th of each month.** Children whose parents have not paid the tuition by the 10<sup>th</sup> of each month will not be allowed to attend classes until the dues have been cleared.

Parents who intend to withdraw their child/children from the preschool should inform Al Ihsan Preschool *in writing* at least fifteen (15) days in advance. Tuition dues will be prorated.

Your signature below signifies your agreement with the terms outlined above in this document.

Student's full name	.
Parent signature	.
Parent printed name	.
Date	.