



Islamic Center of Long Island

835 Brush Hollow Road, Westbury, New York 11590

Phone: 516-333-3495 Fax: 516-342-3703

Email: info@icliny.org Web Site: www.icliny.org Facebook: [Facebook.com/ICLINY](https://www.facebook.com/ICLINY)

Supervised Early Drop-off and Late Pick-up Registration Form

Registration Date: _____

Child Information

Last Name		First Name	M.I.
Entering Grade	Male [] Female []	Birth Date	

Photos: May we take and maintain a photo of your child? [] Yes [] No

Parent/Guardian Information

Name(s) of person(s) with whom child is living

Parent / Guardian

Last Name	First Name	M.I.	Relationship to Child
Email Address	Home Address		Cell Phone

Emergency Contacts and Authorized Pickups

1st Contact/Pickup

Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	

2nd Contact/Pickup

Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	

Additional Comments and Information

Is there any other information that would be helpful to our management and teaching staff?

Pediatrician Details

Pediatrician's Name:

Phone:

Address:

Existing medical conditions, Allergies, Medications and/or special attention your child may require:

1. _____ 2. _____ 3. _____

Fee Structure and Schedule

Kindly inform ICLI Office 48 hours prior to any schedule changes for drop-off or pick-up.

For a Full 5 weeks Package

\$175 for Early Drop Off
Early Drop Off: 8.00 AM – 9.00 AM

\$175 for Late Pick Up
Late Pickup: 2.00 PM – 3.00 PM

Early Dropoff Hourly rate: \$10/hour

Early Drop Off: 8.00 AM – 9.00 AM

<input type="checkbox"/> July 10	<input type="checkbox"/> July 17	<input type="checkbox"/> July 24	<input type="checkbox"/> July 31	<input type="checkbox"/> August 7
<input type="checkbox"/> July 11	<input type="checkbox"/> July 18	<input type="checkbox"/> July 25	<input type="checkbox"/> August 1	<input type="checkbox"/> August 8
<input type="checkbox"/> July 12	<input type="checkbox"/> July 19	<input type="checkbox"/> July 26	<input type="checkbox"/> August 2	<input type="checkbox"/> August 9
<input type="checkbox"/> July 13	<input type="checkbox"/> July 20	<input type="checkbox"/> July 27	<input type="checkbox"/> August 3	<input type="checkbox"/> August 10

Late Pickup Hourly rate: \$10/hour

Late Pickup: 2.00 PM – 3.00 PM

<input type="checkbox"/> July 10	<input type="checkbox"/> July 17	<input type="checkbox"/> July 24	<input type="checkbox"/> July 31	<input type="checkbox"/> August 7
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<input type="checkbox"/> July 13	<input type="checkbox"/> July 20	<input type="checkbox"/> July 27	<input type="checkbox"/> August 3	<input type="checkbox"/> August 10

Signature

Parent/Guardian

Date

For Office Use Only

Application received by: _____

Payment Amount: \$ _____ Cash Check Credit/Debit Card

Date: _____

Signature (*Office Personal*) _____

WAIVER OF LIABILITY FOR ICLI Summer Program 2023

I/We hereby understand and acknowledge that the programs and events held by the Islamic Center of Long Island (ICLI) may expose me to many inherent risks, including accidents, injury, or illness.

I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me when using ICLI's facilities.

I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in any activity.

I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

I/We agree to comply with all rules imposed by ICLI regarding the use of the facilities and equipment. I/We agree to conduct myself in a controlled and reasonable manner at all times and refrain from using ICLI facilities in an inappropriate manner.

I/We understand that ICLI is not responsible for property that is lost, stolen or damaged while in, on, or about the premises.

After having read this waiver and knowing these facts, and in consideration of the use of ICLI's gym/facilities, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE ICLI, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in ICLI's programs and/or events.

BY MY SIGNATURE I/WE INDICATE THAT I/WE HAVE READ AND UNDERSTAND THIS WAIVER OF LIABILITY. I AM AWARE THAT THIS IS A WAIVER AND A RELEASE OF LIABILITY AND I VOLUNTARILY AGREE TO ITS TERMS.

Participant's Name (Please Print): _____ Date: _____

Participant's Signature: _____

In case of emergency, contact: _____

Phone: _____

Parent's Name if under 18 (Please Print):

I, _____, represent that I have legal capacity and authority to act on behalf of the minor named herein.

Parent/Guardian Signature: _____ Date: _____

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