ISLAMIC CENTER OF LONG ISLAND

Islamic Center of Long Island

835 Brush Hollow Road, Westbury, New York 11590
Phone: 516-333-3495 Email: info@icliny.org
Website: www.icliny.org

Supervised Early Drop-off and Late Pick-up

Registration Form

Registration Date: _____

Child's Information		
Child's Full Name:		
Male ( ) Female ( )	**Grade:**	**Group:**

Parent/Guardian Information		
Parent/Guardian's Full Name:		
Relationship with Child:		
Cell Phone:	**Home Phone:**	**Email:**

Emergency Contacts and Authorized Pickups		
1st Contact/Pickup person's Full Name:		
Relationship with Child:	**Cell Phone:**	**Home Phone:**
2nd Contact/Pickup person's Full Name:		
Relationship with Child:	**Cell Phone:**	**Home Phone:**

Additional Comments and Information

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

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

Fee Structure and Schedule

Full Five Weeks Package:

Early Dropoff (8:00 AM – 9:00 AM)	Late Pickup (2:00 PM – 3:00 PM)
☐ $175	☐ $175

Early Dropoff Hourly Rate $10/hour (8:00 AM – 9:00 AM)

Monday	Tuesday	Wednesday	Thursday
☐ July 8th	☐ July 9th	☐ July 10th	☐ July 11th
☐ July 15th	☐ July 16th	☐ July 17th	☐ July 18th
☐ July 22nd	☐ July 23rd	☐ July 24th	☐ July 25th
☐ July 29th	☐ July 30th	☐ July 31th	☐ Aug 1st
☐ Aug 5th	☐ Aug 6th	☐ Aug 7th	☐ Aug 8th

Late Pickup Hourly Rate $10/hour (2:00 PM – 3:00 PM)

Monday	Tuesday	Wednesday	Thursday
☐ July 8th	☐ July 9th	☐ July 10th	☐ July 11th
☐ July 15th	☐ July 16th	☐ July 17th	☐ July 18th
☐ July 22nd	☐ July 23rd	☐ July 24th	☐ July 25th
☐ July 29th	☐ July 30th	☐ July 31th	☐ Aug 1st
☐ Aug 5th	☐ Aug 6th	☐ Aug 7th	☐ Aug 8th

WAIVER OF LIABILITY FOR ICLI SUMMER PROGRAMS 2024

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.

_____ _____

Parent/Guardian Signature **Date**

Address	Phone	Website
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