



# UWMS Saturday Islamic School Registration Form Fall 2019

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## PARENT INFORMATION

FATHER'S NAME (First, Last):

MOTHER'S NAME (First, Last):

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PRIMARY EMAIL ADDRESS:

PRIMARY CELL PHONE:

WhatsApp Use?

SECONDARY EMAIL ADDRESS:

SECONDARY CELL PHONE:

WhatsApp Use?

EMERGENCY CONTACT'S NAME  
(First, Last):

EMERGENCY CONTACT CELL  
PHONE:

Please provide the full name of the person responsible for picking up your child(ren), when parent(s) are not able to:

AUTHORIZED PICKUP NAME  
(First, Last):

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## STUDENT(S) INFORMATION

CHILD 1 NAME (First, Last):

AGE (in  
years):

CHILD 2 NAME (First, Last):

AGE (in  
years):

CHILD 3 NAME (First, Last):

AGE (in  
years):

CHILD 4 NAME (First, Last):

AGE (in  
years):

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## BACKGROUND

The following questions are to help us gain better understanding of your child's religious and spiritual knowledge and exposure to Islam. We would appreciate your cooperation in providing us with the information. These questions are required for new students.

Is/are your child(ren) familiar with Arabic? If yes, at what level? If you are registering more than one student, please check all that apply for each child.

N/A – Not familiar with Arabic

Beginner – Can identify and name Arabic Letters

Intermediate – Knows basic Arabic words

Advanced – Able to read Quranic Verse

Native Speaker

Please describe each child's level of Arabic proficiency:

What languages are spoken at home?

Does/do your child(ren) suffer from any medical condition that would require the attention of UWMS Islamic School's teaching staff, such as asthma, epilepsy, allergies, etc.?

No

Yes

If you answered "Yes" to the previous question about medical conditions, please explain more in detail:

Does your child have an Individualized Educational Plan (IEP) or, 504 Plan?

No

Yes

If you answered "Yes" to the previous question about IEP/504 plan, please provide a copy and discuss with Principal (principal@uwms.org).

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## PARENT/GUARDIAN VOLUNTEERS

UWMS is looking for parents/guardians who are interested in volunteering. Please indicate below whether you would like to be contacted about volunteering.

Yes, I would like to volunteer at UWMS Islamic Saturday School

Yes, I would like to volunteer at UWMS Library

Yes, I would like to join the UWMS Parent Teachers Association (PTA)

Yes, I would like to volunteer in other areas (please specify areas of interest)

No, not interested in volunteering

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*UWMS is a tax-exempt organization under Section 501c(3) of the Internal Revenue Code.*

Upper Westchester Muslim Society | 600 Bear Ridge Road, Pleasantville, NY 10570 | [www.uwms.org](http://www.uwms.org)