

# Islamic School of Greater Toledo



## Registration and Information

2021-2022

“And say: My Lord, enrich me with knowledge.”



Islamic School of Greater Toledo  
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#### ISGT 2021-2022 REGISTRATION INFORMATION

Pre-Registration for the Islamic School of Greater Toledo 2020/2021 school year will begin on Monday, March 15, 2021 and continue a first come, first serve basis. Earlier pre-registration may be accepted. A pre-enrollment form, accompanied with a **non-refundable registration fee of \$100 per student**, are required to hold a place for your child.

“The Islamic School of Greater Toledo recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of color or ethnic origin in the administration of its education programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district-initiated desegregation.”

Classes will begin in late August. Our school day at ISGT starts at 8:15 a.m. and ends at 3:00 p.m. for the full day program and 9:00 a.m.-11:30 a.m. Tuesday, Wednesday, and Thursday for the half day program.

Students entering the pre-school program must be three years old by August 30, 2021 and must be potty trained. Students entering the pre-kindergarten program must be four years old by the same date. Preschool and Pre-Kindergarten students will be assessed prior to the beginning of the school year. All students must submit proper paperwork such as immunization records, signed medical and dental records, copy of birth certificate, and any other relevant information as required by Ohio state law.

The following rates are in effect for the **2021-2022** school year:

**2021-22 TUITION CALCULATION WORKSHEET**

<b>ITEM</b>	<b>FEE SCALE</b>	<b>AMOUNT</b>
<b>TUITION:</b>		
Pre-School	5 days	\$6,700.00
Pre-School	3 days	\$4,900.00
Pre-Kindergarten	5 days	\$6,100.00
Half Day Program	3 days	\$3,800.00

**REGISTRATION FEE/INTENT TO ENROLL**

Per child – non-refundable	\$100.00	<input type="checkbox"/>	\$
ICGT member discount (3 days/week)	(\$300.00)	<input type="checkbox"/>	\$
ICGT members discount (5 days/week)	(\$500.00)	<input type="checkbox"/>	\$
Early registration discount (5 days/week) paid in full by 7//30/21	(\$300.00)	<input type="checkbox"/>	\$
Early registration discount (3 days/week) paid in full by 7//30/21	(\$200.00)	<input type="checkbox"/>	\$

**TOTAL DUE** \$

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Payment Options:

- **Payment by check, payable to ISGT, received by the 1<sup>st</sup> day of the month beginning September 1, 2021.**
- **Direct withdrawal from your debit card or credit card and deposited in ISGT's Huntington Bank Account will be scheduled between you and ISGT. If you choose this option a \$10/month processing fee will be assessed.**

**If any payment is not received on or before the 3<sup>rd</sup> day after which it is due, ISGT shall be entitled to assess a late payment charge of \$45.00 per month, per child, on all past due amounts.** (Example: You agree to pay on the 12<sup>th</sup> of each month. If your payment is not in our account by the 15<sup>th</sup>, you will be assessed a \$45 late fee). **Also, if not paid by the 6<sup>th</sup> business which has been agreed upon, your child will not be able to attend class until your invoice is paid for the month. Any fees from the bank are the parents' responsibility, including overdrawn fees or payments which do not clear the bank.**

Signatures of parents/guardians:

\_\_\_\_\_ Dated: \_\_\_\_\_

\_\_\_\_\_ Dated: \_\_\_\_\_

**Date for automatic payment date due on the 1<sup>st</sup> of the month starting September 1<sup>st</sup>, for 9 months.**



**EMERGENCY CONTACT PERSONS (2) NOT LIVING WITH YOUR CHILD**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street, City, Zip Code

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street, City, Zip Code

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

**PICK-UP CONTACT INFORMATION**

Please list below the names and contact information of two persons other than parents/guardians who are authorized to pick up your child/children from school.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

**SCHOOL-AGE SIBLING INFORMATION**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ 3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ 4. Name: \_\_\_\_\_ Age: \_\_\_\_\_

**TERMS AND CONDITIONS**

The undersigned certifies that the information provided in this application is true and accurate. I understand that submittal and evaluation of relevant educational and medical records are required for the completion of this application. I also understand that the Islamic School of Greater Toledo (ISGT) has the right to verify the above information and independently seek additional input as needed. I acknowledge that ISGT is not equipped to accommodate students with special emotional, psychological, physical, or academic needs. I further acknowledge that admission and continued enrollment at the ISGT is a privilege that can be revoked at any point in time if I or my child/children do not abide by the school rules, policies, and regulations, including the timely payment of all tuition and fees, as assessed and billed by ISGT. I finally give ISGT permission to administer any placement, proficiency, or diagnostic tests as deemed necessary by ISGT Board and Personnel.

*The Islamic School of Greater Toledo does not discriminate on the basis of color, race, religion, or ethnic background.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TERMS AND CONDITIONS OF ENROLLMENT**

As used in this agreement, "you," "your," "yours," or "I" refers to the person(s) who signs this Enrollment Contract. "We," "us," "our," or "school" refers to the Islamic School of Greater Toledo.

### **PAYMENTS**

1. A non-refundable deposit must accompany every signed enrollment contract. The deposit will be applied to the tuition if the student matriculates.
2. The 2021-2022 Tuition and Fee Schedule for the specified grade establishes the amount of tuition and fees due. Tuition payments are due in accordance with one of the payment options described in the Registration Information page. All other charges are payable when billed.
3. If written notification of intention to withdraw a student is received by the school on or before July 14, 2021, this enrollment contract will be terminated. In the event of such termination, ISGT will retain the non-refundable deposit, but the person(s) assuming financial obligation under this contract shall not have further financial responsibility.
4. Upon acceptance of this agreement by ISGT, the person(s) assuming financial responsibility under this contract are jointly and severally obligated to pay the full year's tuition and fees. No portion of said tuition and fees, paid or outstanding, will be returned or cancelled under any circumstances.
5. Payments of all amounts charged to the student's account are due and payable upon receipt and no later than the 3<sup>rd</sup> day of the month in which charges are billed. If any payment is not made on or before the due date, ISGT shall be entitled to assess a late payment charge of \$45 per month, per child, on all past due accounts.
6. The school is entitled to, and may withhold, student grade reports, student transcripts, diplomas, or recommendations if specified tuition and fees are not paid when due. The school reserves the right not to permit a student attend class or take exams if tuition and fees are in arrears.

### **CONDITIONS**

1. By signing this contract, you agree to accept and comply with all terms and conditions. You also agree that we may expel any student who does not obey the School's rules and regulations as stated in the ISGT Handbook. Any student conduct, which the School authorities consider detrimental to the student, or to other students, or to the school itself, may be deemed adequate cause for appropriate administrative or disciplinary action, including suspension or expulsion.
2. It is understood that the enrollment for 2020-20 is contingent upon the student's satisfactory completion of the current school year.
3. Grade and classroom placement is determined by the School and does not constitute a part of this contract or its subsequent renewals.
4. By signing this contract, you agree that the student may take part in all School sports and activities and make and School-sponsored trips. You further agree that any photographs taken of the student may be used in any and all public relations material. You must give us written notice if you want to restrict such activities.
5. Failure to meet any of your obligations to the School under this Contract, and/or other Agreements, may result in the School, without prior notice to you or the student, expelling the student from the School or refusing to permit the student's participation in classes, exams and/or conferences.
6. The Islamic School of Greater Toledo believes that a positive and constructive working relationship between the School and a student's parents (or guardian) is essential to the fulfillment of the School's mission. Thus, the School reserves the right to terminate this contract at any time or to not re-enroll a student if the School reasonably concludes that the actions of a parent or (guardian) seriously interfere with the School's accomplishments of its educational purposes.

**EMERGENCY MEDICAL AUTHORIZATION**

Section 3313.712, Ohio Revised Code

Student Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Residential Parent or Guardian \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother \_\_\_\_\_ Father \_\_\_\_\_ Other Name \_\_\_\_\_  
Mother Cell Phone \_\_\_\_\_ Father Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Name of Relative or Childcare Provider \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Purpose: To ensure parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents/guardians cannot be reached.

**PART I OR PART II MUST BE COMPLETED**

**PART I- TO GRANT CONSENT**

I hereby give consent for the following medical care provider and local hospital to be called:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_ Local Hospital \_\_\_\_\_ Phone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby, give my consent for (1) the administration of any treatment deemed necessary, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or any reasonable hospital. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained to the performance of such surgery.

Facts concerning the child’s medical history including allergies, current medications taken, and physical impairments to which a physician should be alerted: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**PART II- REFUSAL TO CONSENT**

(Do not complete Part II if you completed Part I)

I do NOT give my consent for emergency medical treatment of my child. In event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**STUDENT INFORMATION CARD**

Name (print) \_\_\_\_\_ Sex (circle) F M Date \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Bus# if you ride \_\_\_\_\_  
Month Day Year  
Custody with: (circle) Mother Father Both Guardian Name \_\_\_\_\_  
Other (Name and Relationship) \_\_\_\_\_

If a nonemergency situation occurs and the school is unable to contact a parent/guardian, please contact:  
(YOU MUST OBTAIN VERBAL APPROVAL BEFORE LISTING ANYONE)

(1) Name \_\_\_\_\_ (relationship) \_\_\_\_\_ Phone#(H) \_\_\_\_\_  
Phone (cell) \_\_\_\_\_

(2) Name \_\_\_\_\_ (relationship) \_\_\_\_\_ Phone#(H) \_\_\_\_\_  
Phone (cell) \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**BROTHERS/SISTERS**

Name(s)	Grade	Teacher
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____

**\*\*\*PERMANENT FIELD TRIP PERMISSION\*\*\***

(Name) \_\_\_\_\_ has my permission to attend all school sponsored field trips during the present school year. Written notice of each field trip will be sent home with your child.

**PARENT/GUARDIAN**  
**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



# 2021-2022

## **PERMISSION TO: PHOTOGRAPH/VIDEOTAPE PERMISSION TO ADD TO ROSTER**

We hereby grant permission for our child and/or his/her schoolwork to be photographed and/or videotaped for the ISGT or area newspapers to document educational programs/activities and that his/her name be added to the ISGT Roster.

We further grant permission for the photographs and/or videotapes to be used in media presentations, through a television station, network or in print medium. We understand that our child's image, name, work product, school and grade may be revealed, but that no other information about our child or his/her schoolwork will be revealed without our prior consent. We understand this release is effective for the entire academic school year.

We further grant permission for our child's address and home phone number as well as other emergency contact information (mother and father's cell phone numbers) to be included in the roster. We understand that the information listed above will be available to school personnel, but that no other information about our child will be revealed without our prior consent. We understand this release is effective for the entire academic school year.

\_\_\_\_\_ I grant permission for my child, \_\_\_\_\_ to be photographed/videotaped.

\_\_\_\_\_ I **DO NOT** grant permission for my child, \_\_\_\_\_ to be photographed/videotaped.

\_\_\_\_\_ I grant permission for my child, \_\_\_\_\_ to be added to the ISGT roster.

\_\_\_\_\_ I **DO NOT** grant permission for my child, \_\_\_\_\_ to be added to the ISGT roster.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Ohio Department of Health • School and Adolescent Health Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth /   /
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**Family Health History** Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

**Birth and Developmental History**    No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No      Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems.  _____
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced

**Student Health Conditions**

<input type="checkbox"/> <b>YES</b> , my child receives regular medical/health care for the following conditions:		<input type="checkbox"/> <b>NO</b> medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____
Please explain any conditions above or any reasons for hospitalizations.  _____		
Please indicate any allergies your child may have.		
<b>Allergy type</b>	<b>Reaction</b>	<b>School restrictions or recommended actions</b>
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

HEA 4240 8/06

**Health History** continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?  
 Yes    No   If YES, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the student require any special procedures and/or treatments for their health condition(s)?  
 Yes    No   If YES, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Form completed by	Relationship to student	Date / /
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