



ICCD Academy Registration 2023\24

Registration is open to all returning students May 31st 2023. (Reserve your seat).

- 10% discount on tuition for first 50 enrollments.

❖ Registration fees: **\$390** Non-refundable. (Returning and new students).

❖ Placement tests will be required for all students entering the 3rd- 7th grades.

❖ Payment of tuition fees can be:

a) In full (5% discount on tuition fee if paid at the time of registration).

b) Parent must enroll in Auto-pay program.

c) In 10 monthly payments due on the 5th of each month with the last payment due by June 5th, 2024.
(A late fee of **\$35.00** will be charged after the **5th of the month**).

GRADES	Preschool\Pre-K Kindergarten (Full time)	Early childhood half day.	1 st to 7th	Hifd (<u>boys\girls</u>)
TUITIONS	\$6900	\$5000	\$6900	\$6900

Discount policy:

- ✓ 5% for the second child in the family on tuition fee.
- ✓ \$10% for the third child in the family on tuition fee.

Payment Policy: If tuition fee payment is not made according to payment plans, a late fee of \$35 will be charged to your account. Students will not be allowed to attend class if they do not meet their tuition obligation. School records and Report cards will not be issued for nonpayment.



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Please note that **financial assistance is only available for Zakat eligible Parents**
Registration fee(must be paid by the Parent/Guardian).

Zakat Eligibility: Will be determined after reviewing the filled form, which will be provided by the school at the time of registration.

REGISTRATION REQUIREMENTS

1. MEET THE AGE BRACKET

Students must meet the age requirements below before September 1, 2023.

Preschool	3 years old	3 rd Grade	8 years old
Pre-Kindergarten	4 years old	4 th Grade	9 years old
Kindergarten	5 years old	5 th Grade	10 years old
1 st Grade	6 years old	6 th Grade	11 years old
2 nd Grade	7 years old	7 th Grade	12 years old

A grace period of one month (October 1st cut-off) is awarded on a case by case basis. Please visit the school office for more information. No exceptions are made past the October 1st deadline under any circumstance.

2. BE ABLE TO USE THE BATHROOM INDEPENDENTLY

Students must be potty-trained without pull-up dependency prior to the first day of school.

3. PROVIDE PROPER DOCUMENTATION

These documents are required at the time of registration:

1. Registration form
2. School liability form
3. School policy agreement form
4. Financial agreement form
5. Birth Certificate
6. Copy of medical documents (school physical)
7. Copy of updated immunization records
8. Copy of dental exam (KG & up)
9. Copy of vision exam with an optometrist
10. Copy of previous school records and transfer (for new registrants only)



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SCHOOL COMMUNICATION APP-BRIGHTWHEEL

CREATING A NEW ACCOUNT

- Install the Brightwheel app from the Apple App Store or Google Play.
- Create a parent account and enter your parent invite code (see office for code).
- By entering your invite code, your account will automatically be linked to ICCD Academy and your child account will automatically be linked to ICCD Academy and your child.
- You can also create an account online. Visit www.mybrightwheel.com and select sign up.
- Your check-in code will be emailed to you after you create your account. You can change your check-in code anytime within your profile settings.

USING YOUR BRIGHTWHEEL ACCOUNT

1. After the account is set up or if using an account from last year.
2. Log in and make sure your contact info and your child's info are up to date.
3. If you have additional kids at this school or another school using Brightwheel, you can enter additional invite codes.
4. Add additional guardians to Brightwheel within your child's profile. For example, a nanny or friend who has your approval to pick up your child from school, or a grandparent.

PREPARING YOUR CHILD FOR SCHOOL

GRADE	REQUIRED MATERIALS
ALL STUDENTS	Minimum of One gym uniform set Two formal uniform set Head covering for prayer (boys and girls) Pair of new gym shoes to be used as indoor shoes only Pair of weather-appropriate shoes for outdoors Reusable Prayer mat School supplies as per the list

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ICCD ACADEMY REGISTRATION FORM

STUDENT INFORMATION: (PLEASE PRINT CLEARLY IN CAPITAL LETTERS— as it appears on the Birth certificate:

First Name: _____ Middle Name: _____ :

Birth Date (mm/dd/yyyy) _____ Current School : _____

STUDENT'S PRIMARY RESIDENCE:

Home Address: _____ Apt Number: _____

City: _____ State: _____ Zip code: _____

Is the student's only place of residence: Yes No

Please list student's secondary place of residence (if applicable):

Home Address:				Apt. Number:	
City:		State:		Zip Code:	
Address belongs to:				Relationship:	

GRADE APPLYING FOR (please fill in the circle)

- Preschool AM Shift (8:30 AM - 12:00 PM) (3 Years)
- Preschool Full Day (8:30 AM - 3:45PM) (3 Years)
- Pre-K A.M. Shift (8:30 AM-12:00 PM) (4 Years)
- Pre-K Full Day (8:30 AM - 3:30 PM) (4 Years)
- Kindergarten (8:30 AM - 3:30 PM) (5 Years)
- 1st Grade (8:30 AM - 3:30 PM) (6 Years)
- 2nd Grade (8:30AM - 3:30PM) (7years)
- 3rd grade (8:30AM – 3:30PM) (8years)
- 4th Grade (8:30AM – 3:30PM) (9years)
- 5thGrade (8:30AM – 3:30PM) (10years)
- 6thGrade (8:30AM - 3:30PM) (11years)
- 7thGrade (8:30PM -3:30PM) (12years)



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PARENT INFORMATION

Mother/Guardian Full Name	Father/Guardian Full Name
Mobile	Mobile
Work Phone	Work Phone
Email	Email
Occupation	Occupation

SIBLING INFORMATION: Please list any siblings (brothers/sisters ONLY) who are applying to or are currently enrolled at ICCD ACADEMY. You must submit separate applications for each child;

Name..... \ Grade:.....

Name: \ Grade:.....

DEMOGRAPHICS (please fill in the circle)

1. **Race/Ethnicity:**

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America including Central America, and who maintains tribal affiliation or community attachment.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races - A person having origins in more than one race.



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2. Income Bracket:

\$30K or below \$31K-\$50K \$51K-\$70K \$71K-\$90K 91K-Above

3. Members in Household:

2 3 4 5 6 7 8 9 10

EMERGENCY CONTACTS:

Emergency Contact 1: _____

Relationship: _____ Mobile: _____

Email: _____

Emergency Contact 2: _____

Relationship: _____ Mobile: _____

Email: _____

AUTHORIZED PERSONS FOR PICK-UP:

1	Full Name	_____	Relationship	_____
2	Full Name	_____	Relationship	_____
3	Full Name	_____	Relationship	_____
4	Full Name	_____	Relationship	_____
5	Full Name	_____	Relationship	_____



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HEALTH INFORMATION:

Allergies:
Additional Health Information:
List special needs or services:
List medication required during school hours:

I hereby attest that all information on this form is accurate. I grant ICCD Academy permission to use this for evaluation and research purposes, under the condition that all information from this record be used under confidentiality.

Parent/Guardian Signature 1: _____ Date: _____

Parent/Guardian Signature 1: _____ Date: _____

STUDENT NAME: _____ GRADE: _____



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ICCD ACADEMY LIABILITY FORM

I understand that although the students will be supervised by ICCD Academy staff, I acknowledge that I will not seek to have the school held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son's/daughter's attendance at ICCD Academy. This release of liability includes accident, injury, loss, or damages to the student, as well as to other individuals or property which may result during the student's attendance at ICCD Academy. I hereby release and agree to hold harmless ICCD Academy and ICCD Masjid and its officials, agents and employees, from any claims arising out of my son's/daughter's attendance at the school. I have read and understand and accept all of the statements recited above and accept full responsibility as described.

Parent/Guardian Name (Please Print):

Parent Signature:

Parent/Guardian Name (Please Print):

ICCD ACADEMY POLICY AGREEMENT FORM

I understand that by enrolling my child at ICCD Academy, I agree to support ICCD Academy staff and administration to uphold the guidelines and principles as declared in the student handbook. I agree to support and encourage the behaviors and expectations outlined in the student handbook as they are in the best interest of the safety and wellbeing of all students.

Parent/Guardian Name (Please Print):

Parent Signature:

Date: _____



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Zakat eligibility form

This form is to inform us whether or not you are eligible to receive Zakat funds. Only those people who inform us they are eligible will receive tuition assistance from Zakat donations.

Applicant's Last Name: First Name:

Are you eligible for Zakat, according to the guidelines provided below? Yes No

Signature: _____ Date: _____

Zakat eligibility guidelines

1. The Nisab (i.e. amount above which the applicant does not qualify for Zakah) is As of May 27, 2023, nisab is estimated to be \$3,913. of unused net asset value over the past lunar year). Eligibility for Zakah is tagged to the family assets, not income. Assets used for personal use like primary residences, jewelry for women, and cars are excluded.

Liabilities (debts), penalties and taxes associated with assets listed below should be deducted from their gross asset value.

2. To qualify for Zakah, the following four net asset values that you had for more than a lunar year should add up to be less than the Nisab :
- Any Savings, e.g., cash, bank accounts, gold not used for jewelry, etc.
 - Value of owned property other than your primary residence. This includes second house/complex, land, assets, etc.
 - Value of stock or stock options minus the exercise price and taxes you would owe.
 - Pension Plans, 401K, IRA, children's savings, etc. Subtract the 12% pre-payment penalty and taxes you would incur from early withdrawal.



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ACH AUTHORIZATION

I _____ (we) authorize ICCD Academy to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

ICCD Academy may automatically withdraw funds from my (our) account for the following services and fees: monthly tuition payments, monthly security fees, late pickup charges.

*Debits will be taken from the account on the due date, the 1st of each month in which tuition is due.

Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Account:	
Bank Account Number:	
Bank Routing Number:	
Bank Name:	
Bank City, State:	

I (we) understand that this authorization will remain in full force and effect until I (we) notify ICCD Academy in writing that I (we) wish to revoke this authorization.

I (we) understand that ICCD Academy requires at least 15 days prior notice in order to cancel this authorization.

If the payment is rejected due to Non-Sufficient Funds (NSF), I understand that ICCD Academy may attempt to process the transaction again within 30 days, and I agree to an additional \$25 charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

Name(s) _____

Signature _____ Date _____



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ICCD ACADEMY FINANCIAL AGREEMENT FORM

I understand that by enrolling my child at ICCD Academy, I agree to the financial commitments stated below. I understand that failure to do so may result in the termination of my child's registration at ICCD Academy **without** access to school records and transcripts. In the event of an unforeseen financial crisis or emergency, I will inform the ICCD Academy school board prior to the tuition deadline in the 1st-5th of the month to seek counsel.

TUITION AMOUNT

I understand the cost of my child's tuition for the year of 2023 - 2024 will be \$_____.

PAYMENT PLAN

I agree to pay my child's tuition in full with a 5% discount on the total amount.

I agree to pay my child's tuition monthly on the 1st of the month. If the tuition is not paid by the 5th which is the last day of grace period I understand I will be held responsible for a \$35 fine. If the tuition is not paid by the 15th I understand it will be an additional \$25 fine.

EXTENDED STUDENT LEAVE

I understand that in the event of extended leave, I will be held liable for full tuition payments during my absence. My child's seat will not be held unless my financial obligations have been met. Also, that I would be expected to catch up the child of the school work missed during the extended leave.

EARLY TRANSFERS

I understand if I choose to transfer my child out of ICCD Academy during the school year, I will be held liable to pay a fine of \$300 and the last month's tuition.

Parent/Guardian Name (Please Print):

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Parent Signature: _____ Date: _____