Al-Rahmah Nursery & Childcare
6631 Johnnycake Rd, Baltimore, MD 21244
Ph: 410-719-9336
Fax: 410-744-4104
Email: daycare@isb.org

Application For Registration

Date:_____ Last Grade Completed:_____ Grade Applying For_____

Returning Student: **YES/ NO**

Student's Name:_____
Last **First** **Middle**
Date of Birth: ___/___/_____ Social Security No: _____-_____-_____ Sex:_____

Home Address:_____

City: _____State:_____ Zip Code:_____

Home Phone: (_____) _____ - _____ **Emergency Phone** (_____) _____ - _____

Father's Name:_____**Work Phone**: (_____) _____ - _____

Cell Phone(_____) _____ - _____ Beeper: (_____) _____ - _____

Mother's Name: _____ _____**Work Phone**: (_____) _____ - _____

Cell Phone(_____) _____ - _____ Beeper: (_____) _____ - _____

Name other children that will attend **Al-Rahmah School** or **Nursery** this year.
1. _____ Grade: _____
2. _____ Grade: _____
3. _____ Grade: _____
4. _____ Grade: _____

Signature of Parent or Guardian: _____

For administrative use only

Date Received: ____/____/_____Date Starting:____/____/____ Emergency Card _____
Registration Fee: $ _____ Birth Certificate:_____
Supplies Fee: $ _____ Social Security Card: _____
Tuition Fee: $ _____ Health Inventory _____
Total: $_____. Health Inventory Addendum _____
Date Entered: ____/____/_____. Immunization Record: _____
Date Filed: ____/____/_____. All About My Child:_____
Tuition Contract: _____ Stub From CCA Handbook:_____
WAITING LIST YES/NO SERIAL NUMBER _____