

CENTRAL PARK EDUCATION WELFARE

CPEW Class Admissions Form

Please sign both the front and back of the form, ensure all the boxes are filled in with CAPITAL letters, and ensure the form is returned to a member of the CPEW. Only the information of a child wishing to enrol is required.

Full Name			
D.O.B	/ /	Boy / Girl	
Ethnicity		School Name	
Parents Name		Father Phone No.	()
		Mother Phone No.	()
Email		Emergency Contact Details	Name Number
Home Address			
	Post Code:		
Permission details	GP Name & Tel:	At home time: (please tick one) Collected: <input type="checkbox"/> Self: <input type="checkbox"/>	
	Any special conditions we may need to know about:		

Weekday Class

Tuesday-Friday (Please tick one box)

5pm-7pm

Qaedah	<input type="radio"/>
Juzamma	<input type="radio"/>
Quran	<input type="radio"/>

OR

Weekend Class

Saturday-Sunday (Please tick one box)

10am - 12:30pm

Qaedah	<input type="radio"/>
Juzamma	<input type="radio"/>
Quran	<input type="radio"/>

OR

2pm-4pm

Qaedah	<input type="radio"/>
Juzamma	<input type="radio"/>
Quran	<input type="radio"/>

Payments to be made each term.

Weekday - £140 per term (£420 p/year)
Weekend (morning) - £120 per term (£360 p/year)
Weekend (afternoon)- £100 per term (£300 p/year)

CPEW - Barclays Bank: Account number: 03558916 Sort code: 20-89-56

General Rules & Regulations

All students are required to comply with all the rules and regulations of CPEW.
Parents/guardians are responsible for the safety of their child(ren).
Fees must be paid every three, six, or twelve months in advance.
Admin fee of £30 may be applied for all new students.
Any complaints from students or parents should be addressed in writing to the head teacher.
Parents should regularly monitor their child's progress. If there are any concerns, kindly raise it with the teacher or with the head teacher without any hesitation.

I agree to abide by the guidelines set for parents/guardians by CPEW.

I confirm that the information given in this form is correct to my best of my knowledge.

Print Name (Parent):	Signature:	Date:
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