

Date Received:

Family Last Name:

# Masjid Ar-Rahman Saturday School 2019 -2020 School Year

## Registration Form

### Semester Details:

Dates: Registration

Times: Saturdays 9:30-2:15PM

Ages: 5-11

Cost: \$44 per student per month.

Please fill out all information to the best of your ability.

### Parent/Guardian Information:

Primary Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Secondary Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

### Student Registration:

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_

2) Name: \_\_\_\_\_ Age: \_\_\_\_\_

3) Name: \_\_\_\_\_ Age: \_\_\_\_\_

4) Name: \_\_\_\_\_ Age: \_\_\_\_\_

5) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Office Only

Level and Room	Teacher

Any Allergy information for any of the above students? If so, who and what kind of allergy?

## Program Agreement and Release of Liability

I confirm that the above information is complete and correct . I understand that Islamic Association of Greater Memphis and those acting on behalf of the organization are not responsible for any injuries or distress or loss of property. I authorize staff to seek medical attention and/or administer first aid if needed in case of emergency or under the discretion of adults present. I agree to uphold the Islamic dress code policy with my child(ren).

I understand that my children must be provided with a lunch or snack every week unless otherwise stated by program administration. I understand my children must be on time every morning and be picked up promptly every afternoon unless prior arrangements have been made. I understand my children must come prepared with the proper supplies and assignments completed etc. every week. I understand failure to comply with this agreement may result in expulsion of my child/children from this program without possibility of refund.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Cost: \$44 per student per month or \$396 for the whole year. Please staple a copy of receipt or a copy of checks written to each registration form and at every payment.

Number of Students enrolled: \_\_\_\_\_ Total Cost: \_\_\_\_\_ Paid Upfront: Yes | No

Payment Type (circle):      Cash              Card              Check              Combination

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Registrar: \_\_\_\_\_