al hidayah academy

Quran Classes Registration Form

Student Information

Student Full Name: _____
First *Last* *Mi*

Date of Birth: _____ Gender: _____
(mm/dd/yyyy)

Father Information

Father Full Name: _____
First *Last* *Mi*

Email address: _____

Phone Number: _____
Cell *Work*

Mother Information

Mother Full Name: _____
First *Last* *Mi*

Email address: _____

Phone Number: _____
Cell *Work*

Family Information

Address: _____
Street Address *Apartment/Unit#*

_____
City *State* *ZIP Code*

Student lives with both parents? YES ☐ NO ☐

If no, explain: _____

Student speaks Arabic at home? YES ☐ NO ☐

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Student memorized Quran before YES ☐ NO ☐

If yes, what surah is your child on? _____

Student learned Nooraniyah Qaidah before YES ☐ NO ☐

If yes, what lesson is your child on? _____

Emergency Contact

In case of emergency who should we contact first? Mother ☐ Father ☐ Other ☐

If other, explain: _____

Name *Relationship with student*

_____

Address

_____

Cellphone *Work phone*

Health Information

Does your child have any allergies? Yes ☐ No ☐

If yes, explain: _____

Does your child need any assistance? Yes ☐ No ☐

If yes, explain: _____

Does your child have any learning, attention, or behavioral needs (such as ADHD, ADD, autism, etc.) that we should be aware of? Yes ☐ No ☐

If yes, explain: _____

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Do you give us permission to picture your child? Post it on WhatsApp group between parents?

Yes ☐ No ☐

Parent Agreement – Behavior Policy

I understand that the school strives to provide a safe and positive environment for all students. If my child consistently demonstrates disruptive or harmful behavior, the school will first communicate with me and issue two warnings. If the behavior does not improve after these warnings, I understand that the school reserves the right to withdraw my child's enrollment.

☐ I have read and agree to the Behavior Policy.

Release of Liability statement:

I hereby state that in consideration of my child/ward _____ (full name of student) being allowed to participate at Al Hidayah Academy education programs, I release Al Hidayah Academy from any liability incurred due to negligence to the fullest extent permitted by law.

Further, I understand that I am welcome to stay at Al Hidayah Academy (Sammamish Mosque) during the program my child is participating in to take on responsibility of his/her well-being. I also understand that it is my responsibility to ensure that teachers and responsible adults at Al Hidayah Academy are aware of and equipped to respond to any medical conditions my child has, including (though not limited to) being provided with readily accessible Epinephrine Pens in case of allergic reactions.

Student Name: _____

Signature of Parent/Guardian: _____ Date: _____

Printed name of Parent/Guardian: _____

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