

Sunday School Registration Form

Student Information				
Student Full Name:	First			
Date of Birth:	Gender:			
_	Father Information			
Father Full Name:		A4:		
Email address:	First	Mi		
Phone Number:	Work			
	Mother Information			
Mother Full Name:		Mi		
Email address:				
Phone Number: Cell	Work			
	Family Information			
Address:				
Street Address		Apartment/Unit#		
City	State	ZIP Code		
Student lives with both parents? YES				
If no, explain:				
Student speaks Arabic at home?	YE:			



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?				
Emergenc	y Contact			
In case of emergency who should we contact first?	Mother	Father	Other	
If other, explain: Name		Relationsh	nip with student	
Address				
Cellphone		Work phone		
Health Info	ormation			
Does your child have any allergies? Yes No				
If yes, explain:				
General In	formation			
Does your child need any assistance? Yes If yes, explain:	No			
Do you give us permission to picture your child? Post the website and Facebook?	it betweer	n parents, o	n Yes □	No



Release of Liability statement:

I hereby state that in consideration of my child/ward	
student) being allowed to participate at Al Hidayah Academy education progra Academy from any liability incurred due to negligence to the fullest extent per	
Further, I understand that I am welcome to stay at Al Hidayah Academy (Samn the program my child is participating in to take on responsibility of his/her wel that it is my responsibility to ensure that teachers and responsible adults at Al aware of and equipped to respond to any medical conditions my child has, incl to) being provided with readily accessible Epinephrine Pens in case of allergic responding to the condition of th	l-being. I also understand Hidayah Academy are uding (though not limited
Student Name:	
Signature of Parent/Guardian:	_ Date:
Printed name of Parent/Guardian:	_