



## Preschool Registration Form

### Student Information

Student Full Name: \_\_\_\_\_  
*Last First Mi*

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
*(mm/dd/yyyy)*

### Father Information

Father Full Name: \_\_\_\_\_  
*Last First Mi*

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
*Cell Work*

### Mother Information

Mother Full Name: \_\_\_\_\_  
*Last First 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: \_\_\_\_\_



# al hidayah academy

Student attended preschool before? YES  NO

If yes, explain: \_\_\_\_\_  
*When* *Name*

## 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 have any medical condition? Yes  No

If yes, explain: \_\_\_\_\_

Is your child taking any medications? Yes  No

If yes, explain: \_\_\_\_\_

Did your child miss any required vaccination? Yes  No

If yes, explain: \_\_\_\_\_  
*Send a copy of an immunization card*

General Information

Does your child need any assistance?      Yes      No  
     

If yes, explain: \_\_\_\_\_

Do you give us permission to picture your child? Post it on the website, Facebook and between parents?      Yes      No  
     

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: \_\_\_\_\_