al hidayah academy

Arabic Classes 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: _____

Student speaks Arabic at home?   YES ☐   NO ☐

al hidayah academy

Student know the Arabic alphabets?

YES ☐   NO ☐

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: _____

General Information

Does your child need any assistance?   Yes ☐   No ☐

If yes, explain: _____

Do you give us permission to picture your child? Post it between parents,
website and Facebook?

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: _____