

## **Sunday School Registration Form**

Student Information									
Student Full Name:	-								
Date of Birth:	First (mm/dd/yyyy)	Last Mi  ———————————————————————————————————							
_	_	Father Information	-	_					
Father Full Name:									
Email address:	First	Last		Mi					
Phone Number:									
	Cell	Work							
		Mother Information							
Mother Full Name:	First	Last		Mi					
Email address:									
Phone Number:	ell	Work							
	<i></i>	Family Information							
		raining information							
Address: Street Ad			Apartment/Unit#						
City		State		ZIP Code					
Student lives with bo	oth parents? YES	NO							
If no, explain:									
Student speaks Arab			YES	NO □ Page 1 of 3					



Student memorized Quran before			YES	NO	
If yes, what surah is your child on?					
Student learned Nooraniyah Qaidah befo	re		YES	NO	
If yes, what lesson is your child on?					
Student is fluent reader in Arabic			YES	NO	
	Emergenc	y Contact			
In case of emergency who should we contact fire		Mother	Father	Other	
If other, explain:  Name			Relationsh	nip with stude	ent
Address					
Cellphone			Work phone		
	Health Info	ormation			
Does your child have any allergies? Yes	No				
If yes, explain:					
Does your child need any assistance?  If yes, explain:	Yes	No			



as ADHD, ADD, autism, etc.) that we should be aware of?	Yes	No			
If yes, explain and check the line below:					
If the answer is yes, one of the parents must stay all the time with their kid.		☐ I und	erstand		
General Information					
Do you give us permission to picture your child? Post it on WhatsApp group b parents?	etween	l	Yes	No	
Parent Agreement – Behavior Policy					
I understand that the school strives to provide a safe and positive environment child consistently demonstrates disruptive or harmful behavior, the school with me and issue two warnings. If the behavior does not improve after these wardschool reserves the right to withdraw my child's enrollment.	ll first c	ommuni	cate with	he	
☐ I have read and agree to the Behavior Policy.					
Release of Liability statement:					
I hereby state that in consideration of my child/ward					
Further, I understand that I am welcome to stay at Al Hidayah Academy (Sam the program my child is participating in to take on responsibility of his/her we that it is my responsibility to ensure that teachers and responsible adults at A aware of and equipped to respond to any medical conditions my child has, income to being provided with readily accessible Epinephrine Pens in case of allergic	ell-being I Hidaya cluding	g. I also u ah Acade (though	inderstan		
Student Name:	_				
Signature of Parent/Guardian:	_ Date:			_	
Printed name of Parent/Guardian:	_				
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