

## Quran Khitmah Class 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

Student read Quran before

YES

NO

If yes, how much?

\_\_\_\_\_

Student finished Nooraniyah Qaidah ?

YES

NO

**Emergency Contact**

In case of emergency who should we contact first?

Mother

Father

Other

If other, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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, on the website and Facebook?

Yes

No



**al hidayah academy**

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: \_\_\_\_\_