



## Student Registration Form

**Registering for (select one):** Pre-School \_\_\_\_\_ Summer Camp \_\_\_\_\_ Sunday School \_\_\_\_\_ Evening Maktab \_\_\_\_\_ School Year: \_\_\_\_\_



### Student Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Gender (M/F): \_\_\_\_\_



### Parent/ Legal Guardian Information

Father's Full Name: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Home Address (complete): \_\_\_\_\_

*Email will be the primary method of contact with the parents. Parents are expected to check their email regularly*



### Pick up Authorization

I/We, parent or legal guardian of \_\_\_\_\_ authorize the additional following person or persons to pick-up/ do not pick-up and drop-off my child from Al-Iman Academy. Enter 'N' if you do not want a specific person to pick-up & drop-off the student.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Authorize to Pick-Up/Drop-Off (Y/N)? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Authorize to Pick-Up/Drop-Off (Y/N)? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Authorize to Pick-Up/Drop-Off (Y/N)? \_\_\_\_\_



### Emergency Contact

Provide us with a contact person OTHER THAN THE PARENTS if the school cannot reach you in an emergency situation.

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information:

Are there any medical conditions your child is experiencing which the teachers should be aware of?

List any allergies your child has: \_\_\_\_\_

**Method of Payment (select one):** Pay Online (Credit/Checking Acct) \_\_\_\_\_ Pay by Check \_\_\_\_\_ Pay by Cash \_\_\_\_\_

**AFFIRMATION:** I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct. I acknowledge that Al-Iman Academy is not liable for my child. I attest that the child has had all immunizations up-to date and I will provide the immunization records at the earliest. I hereby release Al-Iman Academy staff to render temporary first aid to my child in the event of any injury or illness, or seek medical help. I have read and understood the rules & regulations of Al-Iman Academy and understand the consequences of not abiding by them. I have been informed of the fees and I will pay the fees on time. A late fee of \$25 may be charged if the fees is not paid by the 10<sup>th</sup> of the month it's due. I understand and acknowledge that my child's photograph may be used in newsletter and/or online media for Al-Iman Academy.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_