

Al Kitab Academy

Registration Form

Personal Data (Please Print and Complete all Fields)

Family Name: _____ Father's Name _____

Mother's Name: _____ Email: _____

Home Address: _____
Street Apt number City State Zip code

Home Phone: _____ Work: _____ Cell: _____
Area code + number

Emergency Contact: _____ Phone: _____

Class Registration

First Name	Age	Date of Birth	Public School Grade	Year Grade

Payments (Required at time of registration)

Tuition per child is \$40.00 per month, \$25 for the Second, \$20 for the Third child. Make one payment of \$340 (15% off) for the whole year or two payments of \$180 (10% off). School calendar is 10 months.

Please check if you would like to volunteer, or sponsor a child.

Amount Paid: \$ _____ Paid by: (circle one) Cash Check No. _____

*Please make checks payable to **Masjid Al Hedaya**. No one will be refused due to non payment.

Required Signature

I hereby grant permission for these student(s) to participate in all activities of the Dawah Academy. I assume full responsibility for any injuries or damages which may occur to these students(s), in, on, or about the premises of the said school, or arising out of its activities, wherever it may be, including transportation to and from school and its activities. I further grant permission to Dawah Academy, (ICD) administration, ICD teachers, or ICD individual members to provide emergency first aid and/or hospitalization to these students(s) in case of injury or illness as deemed appropriate by ICD. Any medical expense incurred for medical treatment shall be my responsibility.

Signature of Parent/Guardian: _____ Date: _____

(Parent/Guardian signature required if under age of 18 years) * I acknowledge the receipt of assignment folder.

School Use Only

No. of Children: _____	Amt Paid: \$ _____	Received by: _____	Date: _____
Age: _____	Approved: _____	Initial: _____	_____
Additional Notes: _____			