



# MASJID AL-FAROOQ CENTRE OF KNOWLEDGE

## REGISTRATION FORM – CHILDREN’S PROGRAM

SEMESTER: Summer \_\_\_\_\_

Section: Sat\_\_\_ Sun\_\_\_ Weekday\_\_\_ Other\_\_\_

Parent / Guardian Name:			
Address:			
City:		Postal Code:	
Home Phone:		Cell Phone:	
E-Mail 1:		E-Mail 2:	

Emergency Contact:			
Relation to Student:		Emergency Phone:	
Doctor’s Name:		Doctor’s Phone:	

Student’s Name	Date of Birth (MMM/DD/YYYY)	M/F	Health Card No. (Including Version Code)	Grade Assigned (For Admin)

### Additional Information

- Some adult classes may have a different fee requirement. Students / parents will be advised of this as required.
- No refund policy in effect. Fees do not include books & uniform costs.
- Full payment preferred upon registration in guaranteed funds (credit card, debit, money order). Maximum of 3 installments if necessary (post dated cheques required at time of registration).
- Minimum number of students required for a class is 5 to 10. Less than this number may result in cancellation. All students must be registered and attendance will be taken.
- Punctuality, regular attendance, and Islamic discipline/etiquette are a must. Persistent problems may result in suspension.
- Homework must be completed by students.
- Parents must drop and pick up students on time. Please be advised that there will be a \$20.00 charge per hour for all children picked up after classes. Minimum charge is \$20.00.
- Children may be required to go on educational and Islamic project field trips.
- Lunch can be purchased at the centre for a nominal fee.
- All monies collected by registration/lunch/fundraising go towards school expenses and Masjid Al-Farooq.

Consent for children under 18 years: I hereby acknowledge that I am the parent/guardian of this/these student(s). I hereby give my permission to allow the above named student(s) to participate in educational & Islamic project-oriented field trips and events. I acknowledge that in case of emergency the student(s) named above may require medical attention and I hereby give consent to the staff of the school to seek medical aid until a parent/guardian can be informed. The school will take precautions to ensure the safety of students. However, I hereby acknowledge that parents/guardians are fully responsible for the safety of their children who are registered in the school.

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Parent / Guardian – Print Name

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Parent / Guardian – Signature

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Date