

**DAR AL-HUDA SCHOOL
REGISTRATION FORM
2011 - 2012**

NAME _____ DOB __/__/____, Grade _____

ADDRESS _____

TELEPHONE Home (____) __-____ Cell (____) __ - ____

EMAIL Address _____

MOTHER'S NAME _____ FATHER'S NAME _____

MEDICAL EMERGENCY RELEASE FORM

May Allah keep us all in the best of health! In the event that your child needs emergency medical attention during the Islamic school hours, we require certain information and authorization from you, which will facilitate our taking care of your student.

Child's Name _____

Physician's Name: _____ **Phone #** _____

Contact person in the event that we are unable to reach you:

1- Name _____ **Phone #** _____

Address _____

I hereby authorize Dar Al-Huda School to handle any medical emergency involving my child, in the manner they deem best, including transportation to the nearest hospital, and hospitalization.

If your child has a known food/medication allergy, please list here.

Parent's Signature _____ **Date** _____

Waiver of Liability

I hereby release Dar Al Huda school, MCQC and their personnel of all liability and responsibility in case of any type of injury / accident involving my child, _____ (child's name) and /or his/her parents or guardian in any manner connected with the school, and school - associated activities (Field trips, functions, etc.) both within and outside the MCQC premises. Furthermore, by signing this document, I agree that in the event a legal action is brought against the MCQC Dar Al Huda School or any of their personnel, the party bringing the suit shall bear all legal and associated expenses incurred by the defendant.

Parent's Signature _____ **Date** _____

Yearly Fees including Books and Supplies: First Child \$200. Second child \$150. Third child: \$90. Preschool and Kindergarten level: \$150 per child. Please write check to Al-Huda School.

School Administrator's Notes: _____

Amount Paid: _____ **Check #** _____ **Cash** _____

Note: