

# DAR AL-HUDA SCHOOL

## REGISTRATION FORM

2007 - 2008

NAME \_\_\_\_\_ DOB \_\_\_\_\_ , Grade \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE Home ( ) - Cell ( ) -

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 him/her.

Child's Name \_\_\_\_\_

Physician's Name & Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

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

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.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

#### Waiver of Liability

I hereby release Dar Al Huda school, Islamic Mosque 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 guardians, in any manner connected with the school, and school -associated activities (field trips, functions, etc.) both within and outside the Islamic Mosque premises. Furthermore, by signing this document, I agree that in the event a legal actions is brought against the Islamic Mosque, 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

#### School yearly Fees:

**\$90 First Child per Semester    \$80 Second child per Semester.    \$70 Third child per Semester.**  
**Kindergarten level: \$150 a semester per child.**

#### **School Administrator Notes:**

Amount Paid: \_\_\_\_\_

Check # \_\_\_\_\_

Cash \_\_\_\_\_

Note: \_\_\_\_\_