

Date Received:

Family Last Name:

Masjid Al-Noor Sunday School

Semester Details:

Dates: Registration

Times: Sundays 10AM-1:30PM

Ages: 4-18

Please fill out all information to the best of your ability.

Parent/Guardian Information:

Primary Guardian Name: _____

Phone Number: _____ E-mail Address: _____

Secondary Guardian Name: _____

Phone Number: _____ E-mail Address: _____

Address: _____

Student Registration:

1) Name: _____ Age: _____

2) Name: _____ Age: _____

3) Name: _____ Age: _____

4) Name: _____ Age: _____

5) Name: _____ Age: _____

Any Allergy information for any of the above students? If so, who and what kind of allergy?

Office Only

Level and Room	Teacher

Program Agreement and Release of Liability

I confirm that the above information is complete and correct . I understand that Islamic Association of Greater Memphis and those acting on behalf of the organization are not responsible for any injuries or distress or loss of property. I authorize staff to seek medical attention and/or administer first aid if needed in case of emergency or under the discretion of adults present. I agree to uphold the Islamic dress code policy with my child(ren).

I understand that my children must be provided with a lunch or snack every week unless otherwise stated by program administration. I understand my children must be on time every morning and be picked up promptly every afternoon unless prior arrangements have been made. I understand my children must come prepared with the proper supplies and assignments completed etc. every week. I understand failure to comply with this agreement may result in expulsion of my child/children from this program without possibility of refund.

Parent Signature: _____ Date: _____

For Office Use Only

1st Student: \$200 / 2nd Student: \$175 / 3rd Student: \$150

Number of Students enrolled: _____ Total Cost: _____ Paid Upfront: Yes | No

Payment Type (circle): Cash Card Check Combination

Additional Notes: _____

Name of Registrar: _____