



Al-Huda Islamic Center Madrasa Registration Form

Student Name:		Male/Female:	Date of Birth:	Registration Date:
Mother:	Father:		Home Phone:	Cell Phone:
Street Address:		Apt #:	Zip Code:	Country of Birth:
<input type="checkbox"/> YES <input type="checkbox"/> NO: I give permission for Al-Huda Islamic Center to transport my child to different activities associated with the Madrasa.			Level in Qur'an:	
School:		Grade:	<input type="checkbox"/> YES <input type="checkbox"/> NO: I give permission for Al-Huda Islamic Center to access my child's school record in order to help improve academics.	
Does your child have any physical or mental health concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:		Does your child have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes please explain:		
Emergency Contact (other than parents):		Phone Number:	Emergency Contact #2:	Phone Number:
<input type="checkbox"/> YES <input type="checkbox"/> NO: I give Al-Huda Islamic Center permission for my child's photograph/video to be taken for promotional or graduation purposes.			Insurance name and number (used for field trip emergency info):	
How will your child be transported to and from the Madrasa? <input type="checkbox"/> Parent will provide transportation <input type="checkbox"/> Child will walk home with older sibling; Sibling's Name _____ Age _____ <input type="checkbox"/> Child will walk home alone <input type="checkbox"/> Al-Huda Islamic Center: Madrasa will provide transportation. <input type="checkbox"/> Other _____				

Liability/medical release and permission to participate:

In consideration of the acceptance of my application/request to participate in the Al-Huda Islamic Center - Madrasa, I/We _____, guardian(s)/parent(s) of _____, do hereby waive, release, and discharge any and all claims for damages for death, personal injury or property damage which myself and/or my child/children may have, or which may hereafter accrue as a result of participation in Madrasa or said activity. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I/We hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I/we have read and understood the forgoing liability release, and sign it voluntarily.

I/We _____, hereby give Al-Huda Islamic Center - Madrasa the right to render aid and to apply emergency medical treatment to myself and/or my child/children in the event of an accident or injury, as they deem necessary. Additionally, in the case of emergency or serious illness when I cannot be reached immediately, I/We _____, hereby authorize Al-Huda Islamic Center - Madrasa to obtain emergency medical care and/or provide medical transportation. I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment and I/we hereby assume all responsibilities of any cost that may arise.

Additionally, I/we _____ give permission for my child to receive assistance on his/her school work while also receiving access to enrichment of Qur'an lessons and Islamic education. I give permission for my child to take pre/post assessments that will aid teachers in gaining information on how to best help my child progress intellectually and socially.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

Staff Use Only: Registration Form Received On: _____ Enrolled Waitlist Referral Source: _____

***Please note that completing this form DOES NOT guarantee your spot in the Madrasa. Registration will be completed based on available capacity. Please call the Madrasa at 801-463-4631 if you have any questions.