Madina School
REGISTRATION FORM

SECTION I – STUDENT INFORMATION

1a. Student Legal Name (First, Middle, Last)			b. Preferred Name
c. Gender M F	d. Birth Date (MMDDYYYY)	e. Student SSN	f. Student Grade
g. Home Address			h. Home Phone
i. Language Spoken at Home	j. Other Language(s) Spoken		k. Known Allergies

SECTION II – PARENT/GUARDIAN INFORMATION

2a. Father's Legal Name (First, Middle, Last)	b. Employer / Occupation	c. Cell Phone
d. Work Address	e. Work Phone	f. E-Mail Address
g. Mother's Legal Name (First, Middle, Last)	h. Employer / Occupation	i. Cell Phone
j. Work Address	k. Work Phone	l. E-Mail Address

SECTION III – LOCAL EMERGENCY CONTACT INFORMATION

3a. First Emergency Contact Name (Not Spouse)	b. Contact Home Phone	c. Contact Cell Phone
d. Contact Address		e. Relationship to Student
f. Second Emergency Contact Name (Not Spouse)	g. Contact Home Phone	h. Contact Cell Phone
i. Contact Address		j. Relationship to Student

SECTION IV – PARENT/GUARDIAN CONSENT

I understand and agree that my child(ren) and I must abide by the rules and regulations of the school at all times. My child(ren) and I must obey and respect the teachers and parents and demonstrate Islamic manners and behavior. I understand my child(ren), my spouse and I are expected to maintain Islamic etiquettes and dress code while at school. I agree to attend scheduled parent-teacher conferences and participate in fund raising activities. I understand my child(ren)'s immunization record, medical form and birth certificate must be submitted for my child(ren) to attend class. I understand that I have the right to review my child(ren)'s records and that a copy of the school and health records will be released to the next school he/she/they attend(s) without further approval. I hereby authorize Madina School to photograph my child and use, copyright, and publish such photographs for any lawful purpose, with or without their name. I give permission for my child(ren) to receive first aid at school and any emergency treatment considered necessary by Madina School's administration, teachers, and/or agents.

I hereby Waive and Release, indemnify, hold harmless, and forever discharge the Westchester Muslim Center, Madina School and their respective agents, employees, officers, directors, successors, managers, assigns and affiliates from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, injuries, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, including but not limited to liability arising from the negligence or fault of the aforementioned released entities and/or persons. I have read, understand, and fully agree to this Waiver and Release, and confirm that by signing I have given up considerable legal rights.

I verify that all the information provided is true and correct or has been corrected.

4a. Signature of Parent / Guardian	b. Date (MMDDYYYY)