

DARUT TARBIYA WAT TAZKIYA

THE INSTITUTION OF SPIRITUAL NURTURING AND PURIFICATION

Registration Form

Student Information:

Full Name (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	Age	Gender	Grade

Which program are you enrolling in?

- ☐ Full-time hifz class Monday to Friday 8 am - 2 pm 400 DOLLARS MONTHLY
- ☐ Adult Islamic class Sunday 5 pm - 7 pm 70 DOLLARS MONTHLY
- ☐ After school Islamic class Monday to Wednesday 5 pm - 7 pm 100 DOLLARS MONTHLY

Parent/Guardian Information:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Unit #: _____

Home Phone # (_____) _____ Cell # (_____) _____

E-Mail: _____

Emergency Contact Person: _____ Emergency Phone # (_____) _____

Waiver of Liability: I, the undersigned, am the parent/legal guardian of the child(ren) and am requesting enrollment to darut tarbiya wat tazkiya. Furthermore, my child who is being enrolled is in good health and does not suffer from any illness, disability or condition that would cause the daily possibility of a life-threatening emergency. I understand that, as a condition of admittance of my child, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE DARUT TARBIYA WAT TAZKIYA, their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to my child, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

I, _____ the legal parent/guardian of my child(ren) named above have read and understood the waiver and acknowledge and accept full responsibility as described.

Signature of Parent/Guardian: _____ Date: _____