Al-Ihsan Academy

Registration Form

Dar Al-Ihsan
Islamic Center

دار الإحسان

R. No.

Name: ……………………….. ……………………………. **Age:** ……... **Gender:** ……..
Family Name   First & Middle Name

Address: ………………………………………………..……………………………………….

Phone #: ……………… **Health Card #:** …………………… **E-mail:** ……………………………

Emergency contact:
Full name: …………………………............. **Phone #:...…..………………………………………**

Rules and Regulations:

1) **Payment must be received in full at the beginning of each month. Cost is $75.00 per child per month. Donations are welcome to support the school and kids activities.**
2) **Children must be picked up on time.**
3) **Children missing 3 consecutive classes without written notice will be dismissed from the program.**

SIGNATURE OF PARENT/GUARDIAN: _____

Please Print Name: _____ Relationship to Minor: _____ Date: _____

Medical Conditions/Allergies:…..…...……………………………………………………………
………………………………………………….............…………………………………..

Immediate goals: ....…………………………………………………………….
....
Long Term goals: ………………...…..……………………………………………………..
………………………………….…………………..………………...................................

For Office Use Only