

MASJID DARUL FALAH, SUNDAY ISLAMIC CLASSES REGISTRATION FORM

14712 BENTLEY CIRCLE, TUSTIN, CA 92780
P: 714.838.2325 - E-Mail: sic@darulfalah.com

PARENTS INFORMATION

Father's First Name: _____ Last Name: _____ Middle Initial: _____

Profession: _____ Phone Number: _____

Mother's Name: _____ Alternate Number: _____

Address: _____ City: _____ Zip: _____

E-Mail Address:: _____ @ _____

Donation Pledge: \$ _____ Monthly / Yearly / One Time / Other _____

STUDENT INFORMATION

First Name: _____ Last Name: _____ Gender: ____ Age: ____ Class: _____

First Name: _____ Last Name: _____ Gender: ____ Age: ____ Class: _____

First Name: _____ Last Name: _____ Gender: ____ Age: ____ Class: _____

First Name: _____ Last Name: _____ Gender: ____ Age: ____ Class: _____

EMERGENCY CONTACT OTHER THAN PARENTS

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

MEDICAL INFORMATION

Doctor's Name: _____ Doctor's Phone #: _____

Medical Conditions Requiring Special Attention: _____

Medications: _____ Allergies: _____

PARENT / GAURDIAN WAIVER

We are enrolling our above listed Child and are giving permission to participate in all educational & extra curriculum school activities including field trips. We agree to hold harmless the administration, the school committee, the masjid and their agents from any & all liabilities, claims, injuries or loss. We agree to abide by all written and verbal rules, regulations & policies of the school administration. We also recieved the prescribed set of books as listed on the back (or on a seperate sheet) & paid the required dues of \$ _____ in cash / with check # _____ Bank Name: _____

Signature: _____ Print Name: _____ Date: _____

FOR OFFICE USE:

Approved By: _____ Print Name: _____ Date: _____

Grade Assigned: Primary / Secondary / Intermediate / Advanced - Parent ID _____ Sudent ID _____