

1. STUDENT

FIRST NAME	MIDDLE NAME	LAST NAME	
ADDRESS			APT #
CITY		STATE	ZIP CODE
DOB (MM/DD/YYYY)	GENDER MALE FEMALE	HOME PHONE	

2. PARENT / GUARDIAN

FATHER'S FULL NAME	MOBILE	EMAIL
ADDRESS (IF DIFFERENT THAN ABOVE)		HOME PHONE (IF DIFFERENT)
MOTHER'S FULL NAME	MOBILE	EMAIL
ADDRESS (IF DIFFERENT THAN ABOVE)		HOME PHONE (IF DIFFERENT)

3. SIBLINGS ENROLLED AT ALSAJDAH ACADEMY

NAME	GENDER	DOB (MM/DD/YYYY)

4. EMERGENCY CONTACT INFORMATION

NAME	ADDRESS	PHONE	RELATIONSHIP

5. AUTHORIZED PERSONS TO TAKE CHILD FROM THE FACILITY

NAME	PHONE	RELATIONSHIP

In case of divorced parents, AlSajdah Academy must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

6. MEDICAL INFORMATION

CHILD'S PHYSICIAN OR CLINIC FACILITY	PHONE
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ADDRESS

ALLERGIES	MEDICATIONS
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7. CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give my consent to the administration of AISajdah Academy, or a representative of AISajdah Academy, for my child to receive medical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of any emergency when the parents cannot be reached. Consent is also given for the administration, or a representative, to transport my child for emergency medical treatment, if the parents cannot be reached. In addition, I hereby give the administration, or a representative of AISajdah Academy, permission to give the following medications to my child (if listed below):

PARENT / GUARDIAN SIGNATURE	WITNESS NAME & SIGNATURE	DATE
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8. SIGNATURE

INITIALS				
	I agree that I am enrolling for a monthly fees of <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">\$300 <small>(Single Child)</small></td> <td style="text-align: center;">\$250 <small>(2 Children)</small></td> <td style="text-align: center;">\$200 <small>(3+ Children)</small></td> </tr> </table> per child.	\$300 <small>(Single Child)</small>	\$250 <small>(2 Children)</small>	\$200 <small>(3+ Children)</small>
\$300 <small>(Single Child)</small>	\$250 <small>(2 Children)</small>	\$200 <small>(3+ Children)</small>		
	I agree to pay the tuition in advance each month.			
	I agree to pay a deposit of \$100 which will be applied towards the first month tuition.			
	AISajdah Academy will open Monday thru Thursday from 8:30 AM to 2:00 PM (except holidays).			
	I understand that a Parent Handbook, containing additional policies and procedures, is available.			
ENROLLING PARENT / GUARDIAN NAME & SIGNATURE	DATE			

ADMINISTRATION USE ONLY

FACULTY DIRECTOR / ADMINISTRATOR SIGNATURE	DATE OF ADMISSION	DATE LEFT
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