

AL-MADRASA NOORUL ISLAM

المدرسة نور الاسلام

3990 Old Richmond Road Ottawa ON

Tel: (613) 828-2222

ANNUAL REGISTRATION FORM – YEAR 20__/20__

Student's Name: 1. _____ (First, Last)

2. _____ (First, Last)

3. _____ (First, Last)

Student's Age: 1. _____ 2. _____ 3. _____

Parent's Name: _____ (First, Last)

Address: _____ Email: _____

Telephone No.: _____ (Home) _____ (Office)

Emergency Contact: _____

Emergency Contact's Telephone: _____

Medical condition we need to know: _____

Registration for: Sunday Monday Other (TBD)

Diniyyaat Quran/Tajweed Arabic Language

Times: Sundays: 10:30 am – 1:00 am (classes end at Zuhr prayer)

Mondays: 6:30 pm – 8:30 pm Other: Evening

Please Note: Participation in Salaat required for both our students & parents

I am taking full responsibility to drop-off/pick-up my child(ren) promptly from the masjid. The teachers will supervise and discipline the student as required during school hours. However, I will not hold the masjid or the madrasa or the teachers responsible for looking after the children before/after the school hours. Additionally, with an exception of valid reasons, I will bring my child(ren) regularly and on time to attend the classes.

Signature of the Parent: _____ Date: _____

(May Allah (SWT) reward your efforts in both worlds)

For Office Use: Admitted: _____ (yr __) Returning: _____ (Since-yr __)

Registration status: _____

Registration fees Paid: Yes No Amount: _____

Books Given (Loan/Purchased): _____

Official Signature: _____