

MADRASATUL-WAHYAIN APPLICATION FORM

PARENT INFORMATION

Parent Name (Primary): _____
First Name Last Name

Parent Name (Other) : _____
First Name Last Name



Relationship (s): Mother Father Uncle Aunt Guardian Other
 (Please Circle All That Apply)

Cell Phone: (____) - ____ - ____

Current Address:

Street Name

Apt #

City: _____

State: _____

ZIP Code: _____

STUDENT(S) ENROLLED

| First Name | Last Name | Programs/ Packages |
|------------|-----------|--|
| 1. _____ | _____ | HIFDH [MEMORIZATION] ONLY SATURDAY SUNDAY 9:00 AM – 12:00 PM: [Hifdh / Memorization] <input type="checkbox"/> Select Program \$50 [per child] |
| 2. _____ | _____ | |
| 3. _____ | _____ | HIFDH [MEMORIZATION] + ISLAMIC STUDIES SATURDAY SUNDAY 9:00 AM – 12:00 PM: [Hifdh / Memorization] 12:30 PM – 2:00 PM: [Islamic Studies] <input type="checkbox"/> Select Program \$75 [per child] |
| 4. _____ | _____ | |
| 5. _____ | _____ | |
| 6. _____ | _____ | |

EMERGENCY CONTACT [OTHER PARENT / GUARDIAN]

Name of person: _____
First Name Last Name

Relationship: Mother Father Uncle Aunt Friend
 (Please circle)

Emergency Address: **Same As Above**

Emergency Address (If Different): _____

City: _____

State: _____

ZIP Code: _____

2nd Phone: (____) - ____ - ____

PARENT/GUARDIAN AGREEMENT

- I have read/will read the Madrasah rules and regulations and I take responsibility that my child will abide by them.

Madrasah (School) Fees to be paid at the 1st of every Month to reserve a spot for your child. It is important to remember that we are a charity organization and we run on school fees and donations. The payment for the school must be made ON TIME to ensure a space is reserved for your child due to growing demand.

[DISCOUNT] AFTER EVERY 4TH CHILD, it will be FREE in shaa Allaah. Jazzaakum Allaahu khayran!

Signature of Applicant:

Date:

Signature of Madrasah Administrator:

Date Authorized: