

**DAR AI-HUDA SCHOOL, MCQC
REGISTRATION FORM
2017-18**

Parents Name

Last Name

Phone

Email

Address

Contact person in the event that we are unable to reach parents:

Contact Name

Phone

Child Name

Date of Birth

School Grade

Allergy Information

Physician Name

Physician Phone

HospitalName

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MEDICAL EMERGENCY RELEASE FORM

May Allah keep us all in the best of health! In the event that your child needs emergency medical attention during the Islamic school hours, we require certain information and authorization from you, which will facilitate our taking care of your student.

I hereby authorize Dar Al-Huda School to handle any medical emergency involving my child/children, in the manner they deem best, including transportation to the nearest hospital, and hospitalization.

If your child has a known food/medication allergy, please list here.

Parent's Signature: _____ Date: _____

Waiver of Liability

I hereby release Dar Al Huda School, MCQC and their personnel of all liability and responsibility in case of any type of injury / accident involving my child/children mentioned above, and/or his/her parents or guardian in any manner connected with the school, and school –associated activities (Field trips, functions, etc.) both within and outside the MCQC premises. Furthermore, by signing this document, I agree that in the event a legal action is brought against the MCQC Dar Al Huda School or any of their personnel, the party bringing the suit shall bear all legal and associated expenses incurred by the defendant.

PARENT VOLUNTEER REQUIREMENT

Each parent is required to serve as a Volunteer for the school a minimum of TWO times in the academic year.

Parent's Signature: _____ Date: _____

Yearly Fees including Books: First Child \$230. Second child \$170. Third/Fourth child: \$100 each. Preschool and Kindergarten level: \$175 per child. Please write check to Al-Huda School, MCQC.

School Administrator's Notes: _____

School Fees Paid: _____ **Check #:** _____ **Cash:** _____

Additional Donation: _____ **Check #:** _____ **Cash:** _____

*** Donation is tax deductible**