AL-IMAN ACADEMY

www.alimanacademy.org
www.facebook.com/alimanacademyrva

Islamic Center of Richmond

Student Registration Form

Registering for (please check): Pre-School _____ Summer Camp _____ Sunday School _____ After School _____ School Year: _____

Student(s) Information

First Name: _____ Last Name: _____ DOB _____ Gender _____

First Name: _____ Last Name: _____ DOB _____ Gender _____

Parent/ Legal Guardian Information

Father's Full Name: _____ Father's Phone: _____

Father's Email: _____

Mother's Full Name: _____ Mother's Phone: _____

Mother's Email: _____

Home Address (complete): _____

Email will be the primary method of contact with the parents. Parents are expected to check their email regularly.

Pick up Authorization

I/We, parent or legal guardian of _____ authorize the additional following person or persons to pick-up/ do-not pick-up and drop-off my child from Al-Iman Academy. Enter 'N' if you do not want a specific person to pick-up & drop-off the student.

Name: _____ Phone: _____ Authorize to Pick-Up/Drop-Off (Y/N)? _____

Name: _____ Phone: _____ Authorize to Pick-Up/Drop-Off (Y/N)? _____

Name: _____ Phone: _____ Authorize to Pick-Up/Drop-Off (Y/N)? _____

Emergency Contact

Provide us with a contact person OTHER THAN THE PARENTS if the school cannot reach you in an emergency situation.

Contact Name: _____ Phone: _____

Medical Information:

Are there any medical conditions your child is experiencing which the staff should be aware of?

_____

List any allergies your child has: _____

AFFIRMATION: I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct. I acknowledge that Al-Iman Academy is not liable for my child. I attest that the child has had all immunizations up-to date and I will provide the immunization records at the earliest. I hereby release Al-Iman Academy staff to render temporary first aid to my child in the event of any injury or illness, or seek medical help. I have read and understood the rules & regulations of Al-Iman Academy and understand the consequences of not abiding by them. I understand that full month fees is due every month till the school year ends. A late fee of $30 will be charged if the fees is not paid by the 10th of the month it's due. I understand and acknowledge that my child's photograph may be used in newsletter and/or online media for Al-Iman Academy.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____