

Dar-un-Noor Sunday School

Registration year *Hijra*: 1429-30 *CE*: 2009-2010

PARENT/GUARDIAN

Last Name: _____ **First Name:** _____
Address: _____ **City:** _____ **State:** ___ **Zip:** _____
Home Phone: (____) _____ - _____ **Cell/Work Phone:** (____) _____ - _____
Fax Number: (____) _____ - _____ **E-mail:** _____
Emergency Contact: Name: _____ **Phone:** (____) _____

<u>Child 1</u>	Office use only
Last Name: _____ First Name: _____ Male or Female (please circle) Date of Birth: ____/____/____ Allergies/Medical : _____ Attended Last Year: Yes/No If yes Qur'anic studies Level: _____ Passed: Yes No Islamic studies Level: _____ Passed: Yes No	Qur'anic studies level: _____ Passed: Yes No Islamic Studies Level: _____ Passed: Yes No
<u>Child 2</u>	Office use only
Last Name: _____ First Name: _____ Male or Female (please circle) Date of Birth: ____/____/____ Allergies/Medical : _____ Attended Last Year: Yes/No If yes Qur'anic studies Level: _____ Passed: Yes No Islamic studies Level: _____ Passed: Yes No	Qur'anic studies level: _____ Passed: Yes No Islamic Studies Level: _____ Passed: Yes No
<u>Child 3</u>	Office use only
Last Name: _____ First Name: _____ Male or Female (please circle) Date of Birth: ____/____/____ Allergies/Medical : _____ Attended Last Year: Yes/No If yes Qur'anic studies Level: _____ Passed: Yes No Islamic studies Level: _____ Passed: Yes No	Qur'anic studies level: _____ Passed: Yes No Islamic Studies Level: _____ Passed: Yes No
<u>Child 4</u>	Office use only
Last Name: _____ First Name: _____ Male or Female (please circle) Date of Birth: ____/____/____ Allergies/Medical : _____ Attended Last Year: Yes/No If yes Qur'anic studies Level: _____ Passed: Yes No Islamic studies Level: _____ Passed: Yes No	Qur'anic studies level: _____ Passed: Yes No Islamic Studies Level: _____ Passed: Yes No

Office use ONLY				Total fees for the school year: _____			
Date	Description	Amt Pd	Bal Due	Date	Description	Amt Pd	Bal Due

We have received a copy of the rules and regulations and will abide by them. We understand that failure to do so will result in automatic cancellation of enrollment. I hereby, authorize the school to take any suitable steps necessary for the medical care of my children in case of emergency.

Parent/Guardian's Signature: _____ **Date:** ____/____/____