



## Little Alim's Academy Quran Class Registration Form

Please complete all information requested. Incomplete applications will not be accepted.  
Information will be used for internal purposes only.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Alternate Emergency Contact (1): \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact (2): \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies of Child (medicine, food, etc.) \_\_\_\_\_

\_\_\_\_\_

Describe past serious illness or hospitalization with dates: \_\_\_\_\_

\_\_\_\_\_

Medicines taken by child: \_\_\_\_\_

Date of last tetanus injection: \_\_\_\_\_

Describe all physical conditions or illnesses, which could affect the child's participation in the programs or proper medical treatment (diabetes, epilepsy, poor blood clotting, etc.): \_\_\_\_\_

\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

(Cont.)



## Terms, Conditions, and Waiver of Liability

**I agree to the following terms and conditions of enrollment:**

Provide payment for the months that I sign up my child, payable on the first day of the month, regardless of absence of child (e.g., holidays and illness);

Drop my child off on time prior to start of class and pick him/her up on time when class ends;

Provide Little Alim's Academy no less than two weeks notice when removing my child from the course;

Inform Little Alim's Academy of any illness or contagious disease my child has that may affect the other children in the class;

Report change of address and phone numbers immediately;

Inform Little Alim's Academy if someone other than myself will be picking up my child;

I understand that I will not be reimbursed for missed classes.

I understand that Little Alim's Academy may amend its policies without prior notice.

### **Waiver of Liability and Release**

I hereby agree to waive, release, assume any risk, and waive any claims of personal injury, death or damage to personal property associated with my participation in classes, activities, and programs at Little Alim's Academy, and hold Little Alim's Academy, its Directors, and staff harmless from any and all liability, claims, and damages that may occur on its property.

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Photo/Video Release Form

I hereby give permission for images of my child, captured during Little Alim's Academy programs through video, photo and digital camera, to be used solely for the purposes of Little Alim's Academy promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Participant (please print): \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_