**EVENING QUR’AN CLASS**

*(* ***Registration Form*** *)*

***Student’s Information***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Full Name** | **Year of Birth****(mm/dd/yy)** | **School Grade** | **Health Card #**  |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

***Note:* Any health concerns that Shalimar’s School should be aware of :**

|  |
| --- |
| ***Parent’s Information*** |
| Father’s Name: | Mother’s Name: |
| Address: *(Street Name & Number)* | Phone: |
| City: | Province/ Postal Code: | E- address: |

|  |
| --- |
| ***Emergency Contact*** |
| Name: | Relationship: |
| Address: *(Street Name & Number)* | Phone: |
| City: | Province/ Postal Code: | E- address: |

**Parent’s Signature Head Teacher Date**

|  |
| --- |
| ***Fees*** |
| **1st Child** | **2nd Child** | **3rd Child** | **4th Child** |
| $60 | $55 | $50 | $45 |

***(Note):*** All Fees must be paid in full by the first week of every month.

Fees can be paid in cash or via e transfer to **info@shalimarislamiccentre.ca** (mention student’s name in the ‘message’ column when sending via e transfer) .

***Rules & Regulations***

1. The student’s valid Heath Card # is required at the time of registration.
2. All the students must maintain discipline at all times.
3. Every student must observe appropriate dress code.
4. Shalimar Islamic Centre will not be held responsible for any kind injury caused due to misuse.
5. Students will be held responsible for any damage caused to Shalimar Islamic Centre due to their misuse.
6. Every student must strictly adhere to the class timings. Shalimar Islamic Centre is not responsible outside of class hours.

***Contact Information:***

*Email us at info@shalimarislamiccentre.ca*

 Hafiz Owais :  647-819-8527 **(For Boys)**

 Sister Faria :  647-534-2628 **(For Girls)**

As a parent, I understand and agree that Shalimar Islamic Centre, while taking all reasonable precautions to ensure the safety of students, will not be held liable by me (us) in the event of personal injury or accident caused to child while he is at school or on a school trip. In addition, I have also read, understand and agree to abide by the stated above rules and regulations of Shalimar Islamic Centre.

**Parent’s Signature Head Teacher Date**