

In the Name of Allah, Most Gracious, Most Merciful

Masjid Ur Rashid

Islamic Teaching Center

Weekend Islamic School Child Enrollment Application

Completed forms must be physically returned to Sister Waheebah (Principal) at the following address:
Masjid Ur Rashid, 352 Main Street, Beacon, NY 12508.

For questions, please contact Sister Waheebah (Principal) at 845-831-7903.

1) Child Last Name: _____ Child First Name: _____ Middle: _____

Date of Birth: _____ Age: _____

Name of current full time school: _____ Current Grade: _____

2) Child Last Name: _____ Child First Name: _____ Middle: _____

Date of Birth: _____ Age: _____

Name of current full time school: _____ Current Grade: _____

3) Child Last Name: _____ Child First Name: _____ Middle: _____

Date of Birth: _____ Age: _____

Name of current full time school: _____ Current Grade: _____

4) Child Last Name: _____ Child First Name: _____ Middle: _____

Date of Birth: _____ Age: _____

Name of current full time school: _____ Current Grade: _____

5) Child Last Name: _____ Child First Name: _____ Middle: _____

Date of Birth: _____ Age: _____

Name of current full time school: _____ Current Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

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

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

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Guardian's Name (if not parents): _____ Phone: _____

Relationship to child: _____

Parent or Guardian E-mail Address: _____

1) Emergency Contact Name: _____ Phone: _____

Relationship to Child(ren): _____

2) Emergency Contact Name: _____ Phone: _____

Relationship to Child(ren): _____

Language Preferred for contact by School: English Arabic Other: _____

Child(ren) have allergies or health related concerns? Yes No

If yes, explain and include name(s) of child(ren):

Child(ren) taking medications? Yes No

If yes, which medications and for what reasons? Also, include name(s) of child(ren):

Name of child(ren)'s Doctor: _____ Phone: _____

Location of Doctor: _____

Health Insurance:

Name of Insurance Company: _____

Member Number: _____

Phone Number: _____

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Masjid Ur Rashid Weekend Islamic School Parental Agreement

I, _____ (Parent/Guardian Name) of
_____ (Name of child(ren)),

understand that by signing below I am stating I read and understand the following statements.

- It is mandatory for registration to be completed before children can be admitted to school.
- All financial responsibilities must be met before the child(ren) begins attending school. The full tuition, payable to Masjid Ur Rashid is \$150.00 for the 1st child and \$100 for each additional child. Payments will be accepted via cash and money order.
- Should anything happen to my child during school hours, I understand that the school will make every attempt to contact me, or someone designated by me, using the information I provided in this application. I am aware that should an emergency arise and I am unavailable, Masjid Ur Rashid reserves the right to have my child treated by medical professionals and/or hospital in the local area as needed.
- Children are required to adhere to the etiquette of Islamic conduct and Islamic dress code.
- Every individual is expected to **always** behave with courtesy and respect when visiting the school/Masjid for any purpose.
- Children must arrive to class on time and be picked up on time by an authorized parent/guardian at the end of class.
- Parents/Guardians must read and if necessary respond to all notices sent home.
- Families are responsible for keeping up-to-date and planning for scheduled school closures.
- Masjid Ur Rashid expects the family of all children to act as partners with the staff, faculty and administration to ensure the healthy mental, physical, social, emotional and educational growth of each child.
- Masjid Ur Rashid reserves the right to deny any child entry before, during and after the enrollment process.
- Masjid Ur Rashid will not issue a refund, credit, or discount for any time a child spends in the School and then withdraws, whether the absence is instigated by the school or the child's family.

Parental Consent

I agree that I have read the above statements and that my signature gives consent and affirmation.

Parents/Guardian Signature: _____ Date: _____

Parents/Guardian Name (Please Print): _____

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Weekend Islamic School Student Pick up/Drop off Form

Dear Parents/Guardians,

Please provide the names 2 or 3 adults authorized to pick up and drop off your child(ren).

Thank you.

Name/Grade of Children(ren).	Person Authorized to Pick up/Drop off Children(ren).	Relationship to Children(ren).	Phone Number: