Al-Minar Academy (AA)

Academic School Registration Form
(Monday – Friday 1:00 PM – 4:00 PM)

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Grade: _____ Gender: Male   Female

Parent / Guardian Information:

Name of Father: _____ Phone: (_____) _____-_____ Email: _____

Name of Mother: _____ Phone: (_____) _____-_____ Email: _____

Emergency Information:

Contact: _____ Relation to Student: _____ Phone: (_____) _____-_____

Allergies: _____ Medication: _____

Medical Insurance: _____ Policy #: _____

Doctor's Name: _____ Phone: (_____) _____-_____

Al-Minar Academy Liability Waiver

As the parent/legal guardian of the minor listed above, I hereby grant permission for the student(s) to participate in all the activities of Al-Minar Academy programs. I assume full responsibility for any injuries or damages which may occur to this/these student(s), in, on or about the premises of Al-Minar Academy, or arising out of its activities, and do hereby fully and forever release and discharge Al-Minar Academy, its employees, staff, and volunteers, from any and all claims, demands, rights of action, or causes of action, present or future, whether same, be known, anticipated or unanticipated, resulting from or arising out of the student(s) participation in the programs and activities of the aforesaid school. I further grant permission to provide emergency first-aid and/or hospitalization to the student(s) listed above in case of injury or illness as deemed appropriate by the school or a physician. Any medical expense incurred for medical treatment shall be my responsibility. I also understand that it is my responsibility to make the office aware of any medicine the child is taking.

☐ I also understand that payment is due at time of registration and is non-refundable.

_____   _____

Signature of Parent/Guardian   **Date**