



## Registration Form

Guardian Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cellular \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

**List of children to register :** (PLEASE NOTE CHILD'S LAST NAME IF IT DIFFERS)

|      | FIRST | LAST  | Birth Date | Age   | Gender | Arabic Level | Seerah Teacher |
|------|-------|-------|------------|-------|--------|--------------|----------------|
| Name | _____ | _____ | _____      | _____ | _____  |              |                |
| Name | _____ | _____ | _____      | _____ | _____  |              |                |
| Name | _____ | _____ | _____      | _____ | _____  |              |                |
| Name | _____ | _____ | _____      | _____ | _____  |              |                |
| Name | _____ | _____ | _____      | _____ | _____  |              |                |
| Name | _____ | _____ | _____      | _____ | _____  |              |                |

Please tell us any special instruction concerning your children:

**Fees:**

Each child      \$100

**Books:**

| For Administration use only |                       |
|-----------------------------|-----------------------|
| Total Due [ _____ ]         | Amount Paid [ _____ ] |
| Cash [    ]                 | Amount Due [ _____ ]  |
| Check [    ]                | Check# _____          |
|                             | _____                 |
|                             | _____                 |

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

Date \_\_\_\_\_