



# ADAMS TAHFEEDH-UL-QURAN



## Registration Form

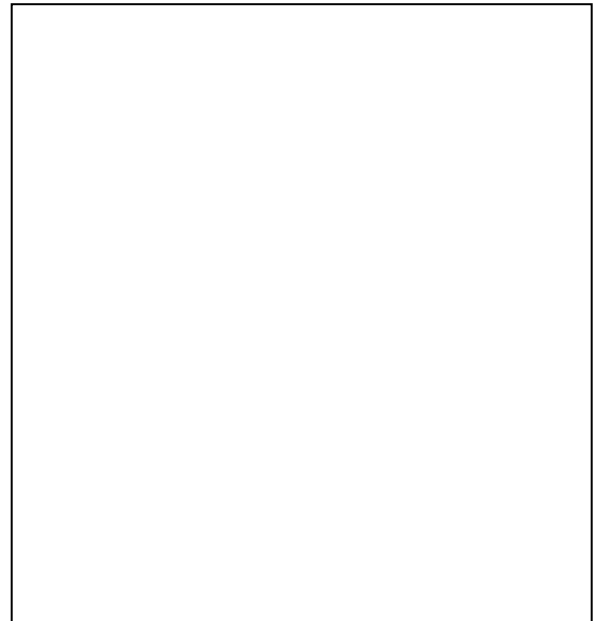
Student Name -		Date of Birth -		M    F
Last	First	MM DD YYYY	Gender	
Address -		Year Enrolled		Interested in joining what month & year?
Street		Current Grade Level		
City	ST	ZIP	Y    N	Y    N
(    )		Home school Letter of Intent		Y    N
Home Phone Number		Birth Certificate		Health Form
Father's Name		Previous School / Phone		Need Financial Assistance
(    )		Mother's Name		
Father's Cell Phone	Father's Email	(    )		
Emergency Contact Name		Mother's Cell Phone		Mother's Email
(    )		Insurance Name		
Emergency Contact Phone Number		Insurance Group/Policy Number		
Doctor's Name		Allergies/ Special Health Considerations		
Doctor's Phone Number		Medications (please provide details if meds will be taken on regular basis at school)		

### ADAMS Liability Waiver Form

*As the parent/legal guardian of the minor(s) listed below, I hereby grant permission for the student(s) to participate in all the activities of the All Dulles Area Muslim Society (ADAMS) Tahfeezul Qur'an. I assume full responsibility for any injuries or damages which may occur to these student(s), in, on, or about the premises of the said school, or arising out of its activities, and do hereby fully and forever release and discharge ADAMS, its Trustees, and all associated with it, including teachers, administrators, 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 below in case of injury or illness as deemed appropriate by the school or a physician. Any medical expenses incurred for medical treatment shall be my responsibility.*

\_\_\_\_\_  
Parent Signature

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



Place Picture Here