Muslim Association of Canada

POGRAM REGISTRATION FORM

Select only one applicable program: Starting Date: _____

Alhuda Schools ❑ (Branch:_____) Qur'an Hifz ❑ MAC Camp ❑ Other ❑ (Specify: _____)

Parents Information: (Please, print clearly)

Father's First Name **Father's Last Name**

Mother's First Name **Mother's Last Name**

Home address :_____ **City :**_____ **Province:**_____ **Postal Code:**_____

Home Phone :(**)**_____ **Cell :(** **)**_____ **Email:**_____

Emergency Contact: _____ **Emergency phone :(** **)**_____

Mother Tongue_____ **Language Spoken At Home:**_____

Students Information: (If you have more than 3 children, please attach additional form)

Name: _____ **:الاسم**

DD / MM / YY

DOB:_____/____/____ Gender : M ☐ F ☐

Program Placement

Any Known Health Problems_____

Name: _____ **:الاسم**

DD / MM / YY

DOB:_____/____/____ Gender : M ☐ F ☐

Program Placement

Any Known Health Problems_____

Name: _____ **:الاسم**

DD / MM / YY

DOB:_____/____/____ Gender : M ☐ F ☐

Program Placement

Any Known Health Problems_____

Payment Information: (Applications will not be accepted without full payment.)

Payment Method: Cash ☐ Cheque ☐ Total Amount Due : $_____ Amount Paid: $_____

Number of Post Dated Chqs Submitted:_____ (All fees are due upon registration)

If applicable, tax receipt will be issued for (print the name) _____

*****All fees for the duration of the whole program are non-refundable and non-transferrable*****

Parent/Guardian Signature_____ ***Date***_____