



# Muslim American Society

## Raleigh Chapter

### MAS Qur'an Institute



### REGISTRATION FORM

Semester: Fall 2008

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

Parent Information	Medical Information
<p>Father's Name: _____</p> <p>Mother's Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State _____ Zip Code _____</p> <p>Phone: (Home) _____ (Required)</p> <p style="padding-left: 40px;">(Mobile) _____ (Required)</p> <p style="padding-left: 40px;">(Work) _____ (Optional)</p> <p>E-mail : _____ ( Required)</p>	<p>1. Do any of your children (Listed on this Application) require special Medication during the class?  <input type="checkbox"/> Yes      <input type="checkbox"/> No                      If yes, please explain                      _____                      _____</p> <p>2. In the event of injury or illness to my son/daughter (Mentioned), I hereby authorize MAS Quran Institute <i>representative(s)</i> to secure whatever treatment is deemed necessary _____ initials</p> <p><b>Insurance Provider:</b>                      _____                      (Optional)</p> <p><b>Policy #:</b>                      _____                      (Optional)</p>
<p><b>Classes Offered:</b></p> <p>(1) 3–5 Years (Arabic &amp; Qur'an, Mon - Thu: 9:00 – 12:00)</p> <p>(2) 6–16 Years (Qur'an memorization, Mon &amp; Wed: 6:00 PM–7:30 PM)</p> <p>(3) 6–16 Years (Qur'an memorization, Tue &amp; Thu: 6:00 PM–7:30 PM)</p>	

Student	Name	D.O.B(MM/DD/YY)	Class #	Gender	New or Returned
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					
4 <sup>th</sup>					



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## Registration Fees

(To be completed by school administration)

Class #	Tuition
1	\$200 (per Month)
2	\$200 (per Semester)
3	\$200 (per Semester)

**25% off for multiple children**

**Fees Paid:** \$ \_\_\_\_\_

**Donations:** \$ \_\_\_\_\_

**Total Amount:** \$ \_\_\_\_\_

**Payment Method:**    Cash             Check (# \_\_\_\_\_), bank name:

**Notes:**

1. MAS Quran Institute and its representatives shall not be held liable/responsible for any occurrences/accidents resulting from unattended children in the school after hours.
2. The student(s) will not be allowed to leave before school hours. If for any reason a student needs to leave the class early, the Parent/guardian must personally inform the principal (or his/her representative) at the time of the drop-off.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_