



# MADINAH MASJID

1015 DANFORTH AVE, TORONTO ON, M4J 1M1  
416-465-7833  
WWW.MADINAHMASJID.CA

Please select the following course# applicable by placing a check mark in the box adjacent:

- (1) Evening Madrasah (Ages 5 -15)       (4) Evening Part Time Aalimah  
 (2) Full Time Hifz       (5) Summer School  
 (3) Evening Part Time Hifz

\*\*\* *Must fill separate application for each individual program*

## PARENT/GUARDIAN - CONTACT INFORMATION

(1) *Fathers's Last Name:* \_\_\_\_\_ *Father's First Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Home Phone* (\_\_\_\_) \_\_\_\_\_ *Cell Phone* (\_\_\_\_) \_\_\_\_\_ *E-mail:* \_\_\_\_\_

(2) *Mother's Last Name:* \_\_\_\_\_ *Mother's First Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Home Phone* (\_\_\_\_) \_\_\_\_\_ *Cell Phone* (\_\_\_\_) \_\_\_\_\_ *E-mail:* \_\_\_\_\_

**Marital Status:** MARRIED  DIVORCED  SEPARATED  WIDOWED  SINGLE

**Child lives with:** BOTH PARENTS  FATHER  MOTHER  LEGAL GUARDIAN

\*\*PLEASE PROVIDE COPY OF ANY RELEVANT LEGAL CUSTODY PAPERS

## EMERGENCY CONTACT INFORMATION

(1) *First Name:* \_\_\_\_\_ *Last Name:* \_\_\_\_\_

*Home Phone* (\_\_\_\_) \_\_\_\_\_ *Cell Phone* (\_\_\_\_) \_\_\_\_\_ *Relation to student:* \_\_\_\_\_

*Email:* \_\_\_\_\_

(2) *First Name:* \_\_\_\_\_ *Last Name:* \_\_\_\_\_

*Home Phone* (\_\_\_\_) \_\_\_\_\_ *Cell Phone* (\_\_\_\_) \_\_\_\_\_ *Relation to student:* \_\_\_\_\_

*Email:* \_\_\_\_\_

## STUDENT INFORMATION

	Student Name <i>First Name/Last Name</i>	DOB <i>DD/MM/YYYY</i>	Health Card#	Gender M/F	Course #
1					
2					
3					
4					

Registration Fees		Amount
Application Fee Including Evening Maktab Workbook	\$40/Student	\$
Aalimah Kitaabs (Course #4)	\$30/Student	\$
Total Amount Due Upon Registration		\$

**\*\*Registration will only be accepted upon completion of the fee payment option below. Monthly cash payments will not be accepted.**

**\*\*For applicable course tuition fees, please refer to fee schedule on page 3**

Select one of the payment options below:

**Pre-Authorized Fee Payment Plan** (Please attach void cheque or Pre authorized debit form in addition to filling out bank information below)

**Full Payment of Fees in Advance**

**Bank Information**

Transit# \_\_\_\_\_

Bank# \_\_\_\_\_

Account# \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Madinah Masjid to withdraw from my account \$\_\_\_\_\_ on the 21<sup>st</sup> of every month. This agreement will be terminated upon the student's completion or cancellation from the madrasah. If for any reason, funds are not received from your account on the 21<sup>st</sup> of every month, an additional \$10 fee will apply for the subsequent month. I understand that it is my responsibility to inform the madrasah of any changes.

Waiver: I agree to release Madinah Masjid, its employees, officers, directors, and will hold them harmless from any liability which may arise from incidents or accidents involving my child/children and myself while on Madinah Masjid premises.

I have read, understood and agree to the waiver and conditions on this form.

Parent/Guardian Signature: \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Student(s): \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Pre Authorized Debit

Full Payment

Notes: \_\_\_\_\_