

**Ar-Rayyan Quran Academy (AQA)**  
**"Enrollment Form"**

Minimum age of student must be at least age 5.

**STUDENT INFORMATION**

#	First Name	Last Name	Date of Birth	Age	Gender	Grade in Regular School	AQA Grade
1							
2							
3							
4							
5							

**PARENT INFORMATION**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State / Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ Cell phone #2 \_\_\_\_\_

Email Required: To notify about child homework, student progress, inclement weather closing, early closing etc.

<b>Father's email:</b>																			
<b>Mother's email:</b>																			

I give permission to AQA to communicate via phone, email and/or WhatsApp.

## Medical Information:

Physician or Pediatrician \_\_\_\_\_ Telephone#: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

- Is your child taking any medication?  Yes  No If yes, explain \_\_\_\_\_
- Does your child have any allergies?  Yes  No If yes, explain \_\_\_\_\_
- Does your child have any physical disabilities? :  Yes  No If yes, explain \_\_\_\_\_
- Does child wear glasses or contacts?  Yes  No If yes, Specify \_\_\_\_\_
- Are there any restricted activities  Yes  No If yes, Specify \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

### Emergency Contact Person # 1

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact Person # 2

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact Person # 3

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Waiver

I give the permission to Ar-Rayyan Quran Academy (AQA) to obtain any medical care necessary for the welfare of my child/children through a qualified person, physician or hospital in case of any injury or sickness during school hours. I give the permission to my child to participate in all school activities within the premises of AQA or outside activities held. I hereby waive all rights claims against the AQA, its management, teachers and volunteers.

Parent/Guardian signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ with, Registration & Books: \$50