*ADAMS Taleem-ul-Quran.*

***Registration Form***

***TQP Sunday Program***

 ***Section A: STUDENT’S Information: Sunday Class***

 ***Reading: 9:30am-10:30am: $20 monthly***

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Memorization & Islamic Studies:10:30-1:30: $50 monthly***

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Full Program: $70 monthly***

*City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Registration fee: $10***

*Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Gender****:\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Section B: PARENTS’ Information:***

*Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom’s Cell::\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom’s Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Father’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Email:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Or Legal Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***ADAMS Taleem-ul-Quran 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 field trips and activities of the All Dulles Area Muslim Society (ADAMS) Taleem-ul-Quran program. 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, its Taleem-ul-Quran program 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 by my responsibility.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Parent/Guardian Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Child’s Name Date*

***Emergency Information:***

*Contact’s Name(other than parents):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Student’s Medical Information:***

*Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Medical Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Doctor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 **For more information call (703)433-1325#1119 or E-mail adamstqp@gmail.com**

 ***ADAMS Taleem-ul-Quran Program (TQP)***

 **Rules and regulations for parents:**

1. (Initial)\_\_\_\_\_\_ I understand that I am responsible for my child’s drop off and pick up on time as the teacher cannot take the responsibility of baby sitting.
2. (Initial)\_\_\_\_\_\_ I understand that ADAMS TQP does not provide any aftercare and is not responsible for my child after the class is over.
3. (Initial)\_\_\_\_\_\_ I understand that my child must bring Mushuf/Qaida for every class**. (Qaida can be purchased from TQP).**
4. (Initial)\_\_\_\_\_\_ I understand that I must submit credit card information or post dated checks for the school year at the time of registration.
5. (Initial)\_\_\_\_\_\_ I understand that there will be a **$35** bounced check fee applied to my child’s account if my check bounces for any reason and a **$20** declined credit card/debit card fee applied to my child’s account if my card is declined for any reason. I understand that there will be a **$5** processing fee per month for credit/debit cards.
6. (Initial)\_\_\_\_\_\_ I understand that if my child joins ADAMS TQP before the 15th of the month, I will pay full fee. However, the fee will be half for that month if my child joins after the 15th.
7. (Initial)\_\_\_\_\_\_ I understand that if I plan to take an extended leave for upto 30 days and wish to save my child’s place, I will notify the administration and ADAMS TQP can help me by **charging half** of the regular fee. In case, I do not notify the administartion of the extended leave from the program, I will be **charged full fee** for that month.
8. (Initial)\_\_\_\_\_\_ I understand that according to ADAMS TQP policy, the administration must receive the **student's withdrawal request** in writing before the 1st of the month, otherwise I will be charged for that month.
9. (Initial)\_\_\_\_\_\_ Unless notified in writing, I understand that ADAMS TQP may use my **child's images/video recordings** in its informative and promotional materials, and in its brochure, without any monetary compensation.
10. (Initial)\_\_\_\_\_\_ I understand that according to ADAMS TQP policy any behavioral issues will be discussed with the child’s parents, however the program reserves the right to expel the child from the program.
11. (Initial)\_\_\_\_\_\_ I understand that ADAMS TQP is not equipped to dispense medications, therefore children **with life threatening allergies** can not be accommodated.
12. (Initial)\_\_\_\_\_\_ I certify that my child **has no life threatening allergies**.
13. (Initial)\_\_\_\_\_\_\_ I understand that ADAMS TQP **does not provide Special Ed services or IEPs**, and that my child **does not** receive any special class in his/her school.

**I have read, understood and agreed to the terms and conditions above, prior to signing them.**

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

**** Taleem ul Quran Sunday Class

 Student’s Profile

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_

Student’s Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level\_\_\_\_\_\_\_

* Has the student attended any of the following programs? Yes or No

 RHA \_\_\_\_\_\_\_\_\_\_\_\_\_ TQP Evening Class \_\_\_\_\_\_\_

 Sunday school \_\_\_\_\_\_ TQP Sunday Class \_\_\_\_\_\_\_

* What is the student’s reading level?

Qaida Noorania: Yes/No Reading Quran: Yes/No Juzz number:\_\_\_

* Has the student memorized any surahs?: Yes \_\_\_\_ No \_\_\_\_

Please list below if YES:

1 ------------------------ 4---------------------------- 7-------------------------

2 ------------------------ 5---------------------------- 8-------------------------

3 ------------------------ 6---------------------------- 9-------------------------

* Does the student know salah?: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_
* Is there anything that you would like us to know about your child:

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Office use only:

Student’s level: \_\_\_\_\_\_\_\_\_\_\_\_ Recommended teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------