

Preschool Registration Form

Student Information

Student Full Name: _____
Last First Mi

Date of Birth: _____ Gender: _____
(mm/dd/yyyy)

Father Information

Father Full Name: _____
Last First Mi

Email address: _____

Phone Number: _____
Cell Work

Mother Information

Mother Full Name: _____
Last First Mi

Email address: _____

Phone Number: _____
Cell Work

Family Information

Address: _____
Street Address Apartment/Unit#

_____ *City State ZIP Code*

Student lives with both parents? YES NO

If no, explain: _____



al hidayah academy

Student attended preschool before? YES NO

If yes, explain: _____
When *Name*

Emergency Contact

In case of emergency who should we contact first? Mother Father Other

If other, explain: _____
Name *Relationship with student*

Address

Cellphone *Work phone*

Health Information

Does your child have any allergies? Yes No

If yes, explain: _____

Does your child have any medical condition? Yes No

If yes, explain: _____

Is your child taking any medications? Yes No

If yes, explain: _____

Did your child miss any required vaccination? Yes No

If yes, explain: _____
Send a copy of an immunization card

General Information

Does your child need any assistance? Yes No

If yes, explain: _____

Do you give us permission to picture your child? Post it between parents? Yes No

Do you give us permission to picture your child? Post it on the website, Facebook? Yes No

Release of Liability statement:

I hereby state that in consideration of my child/ward _____ (full name of student) being allowed to participate at Al Hidayah Academy education programs, I release Al Hidayah Academy from any liability incurred due to negligence to the fullest extent permitted by law.

Further, I understand that I am welcome to stay at Al Hidayah Academy (Sammamish Mosque) during the program my child is participating in to take on responsibility of his/her well-being. I also understand that it is my responsibility to ensure that teachers and responsible adults at Al Hidayah Academy are aware of and equipped to respond to any medical conditions my child has, including (though not limited to) being provided with readily accessible Epinephrine Pens in case of allergic reactions.

Student Name: _____

Signature of Parent/Guardian: _____ Date: _____

Printed name of Parent/Guardian: _____