



AlRazi Academy

Registration Form

STUDENT INFORMATION		
First Name:	Middle Name:	Last Name:
Nickname:		
Birth Date:	Start Date:	Grade:

PARENTS OR GUARDIANS

Parent 1

Last Name:	First Name:
Relationship to Child:	<input type="checkbox"/> Custodial Parent (If married, mark both parents)
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other_____	
Street Address 1:	
Street Address 2:	
City :	State: _____ Zip Code:
Email:	Cell Phone:
Home Phone:	Work Phone:
Employer:	

Parent 2

(2) Last Name:	First Name:
Relationship to Child:	<input type="checkbox"/> Custodial Parent (If married, mark both parents)
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other_____	
Street Address 1:	
Street Address 2:	
City :	State: _____ Zip Code:
Email:	Cell Phone:
Home Phone:	Work Phone:
Employer:	

OTHER EMERGENCY CONTACT

<u>Contact 1:</u> First Name:	Last Name :
Home Phone:	Cell Phone:
Work Phone:	Relation to the Child
<u>Contact 2:</u> First Name:	Last Name :
Home Phone:	Cell Phone:
Work Phone:	Relation to the Child
<u>Contact 3:</u> First Name:	Last Name :
Home Phone:	Cell Phone:
Work Phone:	Relation to the Child



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NAMES OF SIBLINGS AND BIRTH DATES		Grade Level
Name:	Date of birth:	
Name	Date of birth:	
Name:	Date of birth:	
Name:	Date of birth:	
Name:	Date of birth:	
Name	Date of birth:	
Name:	Date of birth:	
Name:	Date of birth:	
Name:	Date of birth:	
Name:	Date of birth:	

MEDICAL INFORMATION

Medical Information Must be completed and updated by the parent/ Guardian filling the form. School must be notified of any changes.

Doctor	Office Phone
Address	
City:	Postal Code
Dentist number	Child's Personal ID#:
Allergies:	
Medical Problems:	
Medication:	

IMMUNIZATION:

The Health Unit now requires that we have a photocopy of your child's recent immunization and physical exam record in our files. Please include a photocopy with this registration form. If you do not have the records, a copy can be obtained from your local health unit.

EMERGENCY CONSENT:

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD'S DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT AND TREATMENT/S.

Parent/Guardian Name	Parent/Guardian Signature
<input type="text"/>	<input type="text"/>



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AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person listed on this form *(parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf.

Name	Address	Phone
.	.	.
.	.	.
.	.	.

A parent/guardian's written authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

*Any person whose name appears on the registered sex offender list and is not the biological parent or legal guardian shall not be authorized to pick up a child or be present at the center at any time. A parent or legal guardian who is a registered sex offender may only be on center property for the time reasonably necessary to transport the offender's own minor child or ward to and from the center."

MEDIA RELEASE

During the school hours, Photographs, Videotapes and audio of school, teachers and students may be taken and used in various types of advertising, newspaper, television or in our school's publications, if you do not want your child to be photographed for such purposes, Please Fill and Sign below

Yes you may take pictures of my child for the above purposes No you may not take pictures of my child for the above purposes

Child Name	Grade	parent/Guardian Signature
.	.	.

ADDITIONAL INFORMATION:

Indicate likes/dislikes, potty training, special interests, etc.

Tuition / Payment Information:

Please outline below the person who is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Tuition/ Payment: \$_____ / (Week) (Month)

Person Responsible for Payment _____ Relation to the Child _____

Other Information/notes: _____

Signature:

Parent/Guardian: _____ Signature: _____ Date: _____