



AL RAHMA QUR'AN SCHOOL

Admission Form

*Cheques can be made payable to "Muslim Association of Canada"
We accept Cheque or Cash. Fee is due on the first day of each month.*

Please select below the **TIME** that you wish to register for: (*) required.

Please Tick	DAY	TIME	AGE RANGE	FEES / MONTH
<input type="checkbox"/>	Mon to Thu	4:30 pm to 5:30 pm	5 yrs. to adults	\$65 / child Additional Sibling \$50/child
<input type="checkbox"/>	Mon to Thu	5:30 pm to 6:30 pm	5 yrs. to adults	
<input type="checkbox"/>	Mon to Thu	6:30 pm to 7:30 pm	5 yrs. to adults	Hifz* Students \$80 / child
<input type="checkbox"/>	Saturday (Girls)	10:00 am to 2:00 pm	5 yrs. to adults	

*Hifz Students must pass the Qualification Standards and Testing by the Hifz Teacher.

Student(s) Information (Please print):

*Full Name	*Age	*Gender
1- ----- *Date of Birth (dd/mm/yyyy) : _____	-----	<input type="checkbox"/> M / <input type="checkbox"/> F
2- ----- Date of Birth (dd/mm/yyyy) : _____	-----	<input type="checkbox"/> M / <input type="checkbox"/> F
3- ----- Date of Birth (dd/mm/yyyy) : _____	-----	<input type="checkbox"/> M / <input type="checkbox"/> F
4- ----- Date of Birth (dd/mm/yyyy) : _____	-----	<input type="checkbox"/> M / <input type="checkbox"/> F

Father Information: (*) required.

Full Name	
*Email	
*Phone	

Mother Information:

Full Name	-----
*Email	-----
*Phone	-----

For Tax Receipt Purpose: (Who will be filing the income tax?):

Mother Father Other-----

Full Name: -----	
*Address: -----	
*Postal code: -----	Home phone: -----

Emergency Contact (other than Parents for minors):

Full Name: ----- **Phone Number:** -----

Date of Registration: -----