

# Madressah Vajihyah Edmonton

## Registration Form

### Student Information

First Name:

Last Name:

Date of Birth:

Age:

**eJamaat ID:**

Gender:

Health Card #:

Family Doctor:

Health Conditions:

Special Needs:

### Parents / Guardian Information

**Jamaat ID:**

**Father's Name:**

**Mother's Name:**

Cell Phone #:

Cell Phone #:

Work Phone #:

Work Phone #:

Email address:

Email address:

Mailing Address:

Apt. #:

City:

Home Phone #:

Province:

### Emergency Contact

In case of emergency, please provide us with a name, phone numbers of contact if Jamali Madrasah cannot contact you.

Full Name:

Home #:

Cell #:

### Signature Required:

I hereby declare that the information provided on this form is correct..

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Please note;

- There will be monthly Madressah fees applicable.
- Hand this form to Head Moalim of Madressah Vajihyah in person