



Masjid Assunnah & Dawah Center

REGISTRATION FORM

Parent Information:

Father's Name: _____

Mother's Name: _____

Address: _____

Phone No. (Primary): _____ (Secondary) _____

Email Address: _____

Student Information:

Name: _____ Date of Birth: _____

I understand that if my child/children have missed the whole month I must pay the fees unless the students have been absent for more than 3 months. or tardy for three or more days of classes in a month without prior approval, Masjid Assunnah staff has the right to dismiss my child from our program and replace him/her with a child from the waiting list.

Parent Name: _____

Parent Signature: _____ Date: _____