

# Sunday School Registration

*Zainabia Community Center*

*In the Name of the Most High Student Information:*

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Does the Child have any allergies? YES NO If so, what? \_\_\_\_\_

My Child may take part in the snack and lunch meals. YES NO

## Sunday School Classes:

1. Islamic Studies Class
2. Quran Class

## OBJECTIVES

1. For students to better understand the history of Islam and the ways and values of the religion.
2. To be able to read, translate, and understand the meaning of the quran. Students will learn the alphabet, how to pray, and the basics of the language.

## MATERIALS NEEDED

1. Notebook (preferably spiral)
2. Pencil, colored pen, and notecards
3. Lunch / A snack for break time

### Medical Policy

I give permission to the Zainabia Sunday School to take whatever emergency measures are judged necessary for the care and protection of my Child while under their supervision. In case of a medical emergency I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment emergency unit for treatment if the local emergency team deems it necessary. It is understood that in some medical situations the Zainabia Sunday School staff will need to contact the local emergency resources before thee parent/ guardians, the child's physical, and/or other adults acting on the parents/ guardians behalf are notified. I understand that any expenses incurred will be borne by the child's family.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_

### School & Picture Policy

I have read the school policy & give permission to the Zainabia Sunday School to publish any or all picture of my Child, \_\_\_\_\_, taken during the duration and conducting of this program on Zainabia website. Children's name will not be used.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### For Staff Only:

Tuition Payment:

Session 1: \_\_\_\_\_

Session 2: \_\_\_\_\_

