

الجماعة

NORTHERN DURHAM ISLAMIC ASSOCIATION

الجمعية

2609 W. Carver St. Durham, N.C. 27705 (919) 908-8804, (919) 999-7949 - <https://www.northdurhammasjid.org>

WEEK-END SCHOOL REGISTRATION FORM

Date: _____

1st Student's Full Name: _____

Date Of Birth: _____ Age: _____ Gender: (M / F) Knowledge of Arabic: _____

2nd Student's Full Name: _____

Date Of Birth: _____ Age: _____ Gender: (M / F) Knowledge of Arabic: _____

3rd Student's Full Name: _____

Date Of Birth: _____ Age: _____ Gender: (M / F) Knowledge of Arabic: _____

Parent/Guardian name: _____

Address: _____

Phone Number: _____

Email address: _____

EMERGENCY CONTACT INFORMATION:

Name & Relationship of Emergency Contact: _____

Phone Number: _____ Address: _____

Physician Name & Phone Number: _____

Health Insurance Information: _____

Are there any special concerns or considerations about your child that you would like to make us aware of?

Signature of Parent/Guardian _____

Date _____

Annual registration fee \$125 for one child, additional \$100 for second child, and an additional \$75 for a third child. Maximum charge of \$300 per family. Please make checks payable to North Durham Masjid.

FOR OFFICE USE ONLY:

Payment Received By _____ In Cash [] Check [] Remaining Balance: _____

Full payment due by _____ Full payment received on _____