

to the name of Allah, the Most Gracious, Most Mercifyi Dar El-Eman Islamic Center



Almadina School – Quran Weekdays Student Application

Last Name: Date of Birth:	Middle Name:		First Name:
Date of Birth:			riist ivallie.
	Father's	Information	
Last Name:			First Name:
Street Address:			
City:	State: TX		Zipcode:
Home phone#:	Work Phone#:		Cell Phone#:
Email Address:			
	Mother's	Information	
Last Name:			First Name:
Street Address:			
City:	State: TX		Zipcode:
Home phone#:	Work Phone#:		Cell Phone#:
Email Address:			
	Pick up I	nformation	
I hereby authorize Almadina s	school to allow my child t	to leave the facili	ty with the following persons
	(Other than pa	rents/guardians)
Name:		Name:	
Relation:		Relation:	
Phone#:		Phone#:	
	Emergency Co	ntact Informatio	n
Name:		Phone#:	
Name:		Phone#:	
Tuition: \$65 for first child then	a\$5 discount for each a	dditional child	
Parent's Signature:			Date:
	For Almadina	school use only	
_evel & Shift:		Teach	er: