



Al-Hadi School of Accelerative Learning

Summer Program 2016 Registration Form

2313 S. Voss Road, Houston, Texas 77057
(713) 787-5000 ext. 2500
Web Site: <http://www.alhadi.com>
E-mail: alhadi@alhadi.com

STUDENT	Name of Student (first/middle/last)		Preferred Name		
	Gender M F	Latest Grade Completed:		For Summer Session	
	Emergency Phone 1 #		Email Address		
	Date of Birth (month/day/year)		Age	Nationality	
	Address (Street) (City) (State) (Zip)				

FATHER	Full Name		Email Address	
	Cell Phone	Work Phone		

MOTHE	Full Name (first/middle/last)		Email Address	
	Cell Phone	Work Phone		

AUTHORIZATION FOR CHILD PICK-UP:

I hereby authorize the school staff to allow my child to leave the school facility ONLY with the following persons (include names of parents if applicable).

Name: _____ Telephone: _____

Name: _____ Telephone: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

I give my consent for necessary emergency medical treatment at the nearest hospital to school without holding the school and its employee/board members/associates liable for any financial or other responsibility. **Yes / No**

Insurance Name: _____ **Policy Number:** _____

SIGNATURE	In signing this application, I/We understand that my/our child must abide by the school policies discussed on the first day of class and must remain in Islamic dress code at all times.		
	_____ Signature of Parent/Guardian	_____ Date	_____ Signature of Parent/Guardian

FOR OFFICE USE ONLY	Do not write in this portion		
	Date Payment Received: _____ App. Fee: \$ _____ Tuition \$ _____ Check #: _____ CC _____ Cash		
	Student placed in grade/group: _____	<input type="checkbox"/> Preschool Program <input type="checkbox"/> 1 st -8 th Program	Schedule: Half day/ Full Day/ All Day DAYS: M / T / W / TH / F First Day of Class: _____
	Notes: _____ _____		