



SCARBOROUGH MUSLIM ASSOCIATION

2665 Lawrence Avenue East Toronto, ON M1P 2S2 Tel. No. (416) 750-2253
Email: info@smacanada.ca Website: www.smacanada.ca Fax: (416) 750-1616

FULL TIME HIFZ ACADEMY REGISTRATION FORM (2015- 2016)

Timings
Monday – Friday
8:30 A.M. – 3:30 P.M.

STUDENT'S INFORMATION:

Grade (As of Sept 2015): _____

New Student: Current Student:

Official Name: _____
(First Name) (Middle Name) (Last Name)

Male Female

Address: _____ Apt. #: _____ Buzzer #: _____

City: _____ Postal Code: _____ Home #: () _____

Date of Birth: ____/____/____ Age: ____
(DD) (MM) (YYYY)

Country of Birth: _____ Status in Canada: _____

Health Card Number: _____ Expiry date: ____/____/____
(DD) (MM) (YYYY)

Does the child suffer from any allergies? If yes, specify _____

PARENT'S/GUARDIAN'S INFORMATION:

Father's First Name: _____ Father's Last Name: _____

Cell Phone: _____ Email Address: _____

Mother's First Name: _____ Mother's Last Name: _____

Cell Phone: _____ Email Address: _____

Marital Status: Married: Divorced: Separated: Widowed: Single:

Child Lives With: Both Parents: Father: Mother: Legal Guardian:

**Please provide the office with a copy of any relevant legal custody papers.*

EMERGENCY CONTACT'S INFORMATION (OTHER THAN THE PARENT/GUARDIAN)

Name: _____ Relationship with the student: _____

Home #: () _____ Cell #: () _____

Parent/Guardian Signature: _____ Date: ____/____/____
(DD) (MM) (YYYY)

FOR OFFICE USE ONLY

Fees Void Subscribed Checked

FOR OFFICE USE ONLY

FID# S: _____ P: _____

MADRASAH FEE FOR 12 MONTHS

Madrasah Fee Payment Options (Please read carefully and make payment (s) accordingly)	1 Student	2 Student	3 Student
Monthly Pre-Authorized from the Bank. Payments over 12 months. Including the month of RAMADAN (Please provide VOID cheque)	\$200	\$375	\$500
Full Payment at time of registration (Please pay by cheque)	\$2400	\$4500	\$6000

Please select one of the fee payment options below:

Note: Registration will only be accepted upon completion of the fee payment options

- Monthly Pre-Authorized Fee Payment Plan (Please attach a void cheque)
- Full Payment of fees
- Already enrolled on monthly Pre-Authorized Fee Payment Plan (Void Cheque)

I, _____ hereby authorize Scarborough Muslim Association to withdraw a madrasah fee of \$_____ from my account on the **22nd of every month**. This agreement will be terminated upon cancellation from the madrasah via withdrawal form available in the office. **I am solely responsible for ensuring the correct amount of fees is available on the 22nd of the month**. If for any reason funds are insufficient (NSF) on the **22nd of every month** an additional **\$10 charge** per transaction will apply for the subsequent month. I understand that is my responsibility to inform SMA of any bank changes.

Parent/Guardian Signature: _____ Date: _____/_____/_____
(DD) (MM) (YYYY)

OTHER CHARGES (Mandatory & Non-Refundable) FOR OFFICE USE ONLY		Amount	Received	Due
Registration Fee – For NEW Student (s) / # of Student(s) _____ X	\$10/ Student	\$		
Agenda / # of Student (s) _____ X Current and New Students	\$20/ Student	\$		
Madrasah 2 Uniforms / # of Student (s) _____ X (Optional)	\$40/Student	\$		
Total: Due Upon Registration	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	\$		

FOR OFFICE USE ONLY

Date Received: _____/_____/_____
(DD) (MM) (YYYY)

Principal's Signature: _____ Entry Date _____/_____/_____
(DD) (MM) (YYYY)

Notes: _____

ANY INCOMPLETE FORMS (Missing information, void &/or registration fee) WILL NOT BE ACCEPTED