

MASJID OMAR IBN AL-KHATTAB
6225 SOUTH MCCLINTOCK DRIVE, TEMPE, AZ 85283

Dear Parents / Guardians: please follow the following directions.

1. Complete the application form on the page two (use **only one** form for all children in the family).
2. After receiving the application, it will be carefully reviewed and the parents will be notified with the final decision; please note that some classes may be full at the time of the application.
3. Parents and students **must** abide by the **etiquettes** of the Masjid, dress code, and the disciplinary guidelines enforced by the teachers. Masjid has the right to remove students who does not abide by the etiquettes thereby discipline is not maintained.
4. Attach a **void** check for auto-deducting the tax-deductible monthly donations (per table given below). Also please note that the check must have printed Name & Address.
5. Per Book Fee of \$10 **in cash** is payable to the teacher directly.

Mondays through Thursdays	Session 1	04:30PM – 06:00PM
Mondays through Thursdays	Session 2	06:00PM – 07:30PM
Saturdays & Sundays	Session 1	10:00AM – 11:30AM
Saturdays & Sundays	Session 2	11:30AM – 01:00PM
One-time Registration Fee	Boy	\$60.00 Per Student
One-time Registration Fee	Girl	\$50.00 Per Student

Monthly Donation	Days (Per Week)	Boys Up to 9 years	Boys 10 to 12 years	Senior Boys (Well Behaved)	Girls Up to 11 years	Senior Girls 12+ Years	Boys HIFZ	Girls HIFZ
1 Child	2 (Sat & Sun)	\$35	\$50	\$60	\$25	\$50		
2 Children	2 (Sat & Sun)	\$65	\$90	\$100	\$45	\$90		
3 or more	2 (Sat & Sun)	\$85	\$120	\$130	\$60	\$120		
1 Child	4 (Mon - Thu)	\$40	\$55	\$65	\$30			
2 Children	4 (Mon - Thu)	\$70	\$95	\$105	\$50			
3 or more	4 (Mon - Thu)	\$90	\$125	\$135	\$65			
1 Child	6 (Sat - Thu)	\$45	\$60		\$35		\$150	\$100
2 Children	6 (Sat - Thu)	\$75	\$100		\$55		\$200	\$150
3 or more	6 (Sat - Thu)	\$95	\$130		\$70		\$250	\$200

FOR OFFICE USE ONLY (Parents / Guardians: Please do not write in this section)	
No. of Children: _____	; Amount (\$ Per Month) _____;
Registration Fee Received: \$ _____	, Check # _____ / Cash / Auto-Deduct on First Month
Form Received Date _____	, Received by: _____ Reviewed By: _____

MASJID OMAR IBN AL-KHATTAB
6225 SOUTH MCCLINTOCK DRIVE, TEMPE, AZ 85283

Student Information (Please use this page to enter all the children in the family)

First Name	Last Name (ALL CAPITAL)	Birth Date Month / Day / Year	Age Year - Mo	Male / Female	Session Choice 2 / 4 / 6 / Hifz

If any Child(ren) has allergies, please list their **name** and **allergy** information here:

1. _____
2. _____
3. _____
4. _____

Parents / Guardians Name: _____

Address: _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact Name _____ Phone _____

- For Parents / Guardians (Release of Claims / Covenants Not to Sue)**
1. I/We give the Masjid Omar Ibn Al Khattab, Tempe, Arizona permission to call emergency medical services and render appropriate medical treatment to my child(ren) if needed.
 2. I/We understand that my monthly donation \$ _____ will be automatically deducted from my bank account on the **7th of each calendar month**, and I will be subjected to **\$35 fee** for any failed payments. Also I will need to give advance written notice to stop the payment when I withdraw my child(ren).
 3. In consideration for my being allowed to participate in any of Masjid Sponsored Programs (including but not limited to Quran studies, cooking, sewing, sports, volunteering, teaching, and hosting any function), I/We thereby release, forever discharge and covenant not to sue **Masjid Omar Ibn Al-Khattab**, Tempe, Arizona and its trustees, officers, directors, employees, volunteers and assigns for any injuries, damages, liabilities, or other claims arising out of or connected with my/our participation in any kind of the program(s) or usage of related facilities.
 4. I/We hereby hold **Masjid Omar Ibn Al-Khattab**, Tempe, Arizona, its staff and volunteers **harmless** from any and all claims of liability and acknowledgement and accept the admission process and the guidelines. May ALLAH (SWT) help me/us.

Parents / Guardians Signature _____ **Date** _____