



**MASJID OMAR IBN AL-KHATTAB**  
 6225 S. MCCLINTOCK DR. TEMPE AZ 85283  
 480-382-6084 (Text Only)  
 Tax ID: 86-1021387  
**MasjidOmarTempe.org**

1. Complete the application form on 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 do not abide by the rules.
4. Attach a **void** check or Account and Routing number for auto-deducting the tax-deductible monthly donations. Please note that the check must have printed Name & Address.
- 5. For Monthly Donation + Book and One-Time Registration Fee please see Sheikh or any Teacher.**

|                          |           |                     |
|--------------------------|-----------|---------------------|
| Monday through Thursdays | Session 1 | 4:30 PM – 6:00 PM   |
| Monday through Thursdays | Session 2 | 6:00 PM – 7:30 PM   |
| Saturday & Sundays       | Session 1 | 10:00 AM – 11:30 AM |
| Saturday & Sundays       | Session 2 | 11:30 AM – 1:00 PM  |

|                       |  |
|-----------------------|--|
| <b>Account Number</b> |  |
| <b>Routing Number</b> |  |

**FOR OFFICE USE ONLY (Parents / Guardians please do not write in this section)**

Number of Children \_\_\_\_\_ Amounts (\$ Per Month): \_\_\_\_\_

Registration fee Received: \$      Check# \_\_\_\_\_ Cash \_\_\_\_\_ Credit/Debit Card \_\_\_\_\_ Auto Deduct on First Month \_\_\_\_\_

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| First Name | Last Name | Date of Birth | Age | Male/Female | Session Choice |
|------------|-----------|---------------|-----|-------------|----------------|
|            |           |               |     |             |                |
|            |           |               |     |             |                |
|            |           |               |     |             |                |
|            |           |               |     |             |                |

If any Child has allergies, please list their name and allergy information here:

1.

2.

Parents / Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**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 our monthly donation \$\_\_\_\_\_ will be automatically deducted from my bank account on the 7th of each calendar month, and I will be subjected to a \$35 fee for any failed payments. Also, I will need to give a written notice in advance, 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 programs(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 acknowledgment and accept the admission process and the guidelines. May ALLAH (SWT) help me/us.

Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_