



REGISTRATION FORM

Please select the class you are applying for:

Student Information:

First Name _____	Last Name _____	
Address _____	Apt _____	
City _____	State _____	Zipcode _____
Date Of Birth ____/____/____		
Please mention any illnesses/allergies the child may be suffering from:		

Education Level:

Can read Arabic

Parent Information:

First Name _____	Last Name _____
Home Phone _____	Cell _____
Email Address _____	

Emergency Contacts (must be someone from a different household):

Name	Relationship	Contact Number

I testify that the above information is correct. I also agree to ensure that my child/children will abide by the guidelines contained in the Rules and Regulations sheet.

X _____ Date ____/____/____

Office use only:

Application status	Student ID	Placement