



# Safa & Marwa Islamic School مدرسة الصفا والمروة الإسلامية

## Sunday School Registration Form

September 2017 to June 2018 10:00 am-2:00 pm

Yearly fee \$450 and Registration fee \$30

Lump-sum or  Installment (1<sup>st</sup> \$180 + 2X \$150)

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F Email: \_\_\_\_\_  
MM DD YYYY

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### PARENT / GUARDIAN (1)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ (Ext.): \_\_\_\_\_ email: \_\_\_\_\_

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### PARENT / GUARDIAN (2)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ (Ext.): \_\_\_\_\_ email: \_\_\_\_\_

I hereby certify that my child is in good health and has my permission to participate in Safa & Marwa Islamic School Sunday School, I also give permission for my child to receive any diagnostic, therapeutic, and/or operative procedures as deemed necessary if emergency treatment is required and I cannot be reached. Also, I realise that this Sunday School Program involves the potential for injury even with the use of protective equipment and adhering to all safety rules. I agree to indemnify and hold harmless Safa & Marwa Islamic School and any staff member from and against any and all liability. I agree to allow the use of my child's photograph for program publicity on Safa & Marwa Islamic School website or future informational pamphlets.

\_\_\_\_\_  
Parent/ Guardian Signature.

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SafaAndMarwa.ca | [admin@safaandmarwa.ca](mailto:admin@safaandmarwa.ca) | Fax: 1 (866) 565-6628

Elementary Campus: 5550 McAdam Road, Mississauga, ON L4Z 1P1 | Phone: (905) 566-8533

Secondary Campus: 5570A Kennedy Road, Mississauga, ON L4Z 2A9 | Phone: (905) 502-0110



# Safa & Marwa Islamic School مدرسة الصفا و المروة الإسلامية

## Medical Form

### MEDICAL INFORMATION (IF NECESSARY ATTACH ADDITIONAL SHEET)

Student's Name: \_\_\_\_\_

Dear Parents,

Kindly fill out and sign the below form which specifies the medication to be used in cases of emergency.

- Does the student have any history of allergic reaction? Yes \_\_\_\_ No \_\_\_\_ if yes please explain:  
\_\_\_\_\_
- Does the student carry an Epi-Pen: Yes \_\_\_\_ No \_\_\_\_  
(If yes, ask for the **INDIVIDUAL ANAPHYLAXIS EMERGENCY PLAN Form**)
- Does the student have any medical illness or injury or suffer from any of the following:
- Diabetes: Yes \_\_\_\_ No \_\_\_\_ Asthma: Yes \_\_\_\_ No \_\_\_\_ Vision difficulty: Yes \_\_\_\_ No \_\_\_\_
- Heart disease: Yes \_\_\_\_ No \_\_\_\_ Epilepsy / Seizures: Yes \_\_\_\_ No \_\_\_\_ Deafness: Yes \_\_\_\_ No \_\_\_\_
- Language / Communication difficulty Yes \_\_\_\_ No \_\_\_\_
- Emotional/Behavioral problems Yes \_\_\_\_ No \_\_\_\_
- Other please explain:  
\_\_\_\_\_
- Will the student require medication to be brought to the school Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, Kindly fill up the following information:

I \_\_\_\_\_ (parent's name) give my consent to Safa and Marwa Islamic

School to administer the following medication:

\_\_\_\_\_ (medicine's name) prescribed and approved by Doctor:

\_\_\_\_\_ (Doctor's name) in cases of emergency to my child:

\_\_\_\_\_ (Student's Name), Grade \_\_\_\_\_.

Doctor's Name: \_\_\_\_\_

Doctor's Contact Number: \_\_\_\_\_

In case of emergency, permission is hereby given to Safa & Marwa Islamic School to release the above information to a medical practitioner. The student is to be taken to the nearest hospital for examination and if necessary, X-rays where the parent/guardian will be contacted.

Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_