



**Ahlulbayt Islamic Centre Madrasah**  
**Enrolment Form**

Father: Last name \_\_\_\_\_ First name: \_\_\_\_\_

Mother: Last name \_\_\_\_\_ First name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ (home); \_\_\_\_\_ (work); \_\_\_\_\_ (cell.)

Email: \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

#	Child's Name	Gender M/F	D. of Birth (mm/dd/yy)	OHIP Card #
1				
2				
3				
4				
5				

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Do any of your children have special needs, allergies or medications?

If yes, please answer the following:

- Please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- What arrangements have you made should your child require medications during school hours?

\_\_\_\_\_

\_\_\_\_\_

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We have read and agree to abide by the rules and regulations of the Madrasah as stated in the journal.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_ (Administration)