



MAKTAB PROGRAM REGISTRATION FORM

PARENT INFORMATION:

Last Name:	First Name:	Cell Phone:
Emergency Contact Name:		Emergency Contact Number:
Email Address:		

Maktab Program Schedule: Monday to Thursday for a 30-minute session. Please select one:

- 4:30 – 5:00 PM 5:00 – 5:30 PM 5:30 – 6:00 PM

CHILD(REN) INFORMATION

Last Name	First Name	Date of Birth
1		
2		
3		
4		

Monthly Program Fees is \$35 per student for the first child and \$25 per student for every additional child. Fees must be paid at the beginning each month. Please submit the fees to the class teacher in a sealed and labelled (name, date and amount) envelope. Donations for the Masjid are welcome and appreciated. If you are unable to fulfill the fees requirement, please contact (516) 285-8585.

I understand and affirm that: The responsibility of drop off/pick up are solely with the parents/guardians. Masjid Hamza’s teachers/staff/officials shall not be held responsible/liable for any accidents/actions. In the event that I/we cannot be reached in an emergency, I hereby give permission to the staff/officials to secure proper treatment for my child.

The student’s acceptance will be based upon specific behavior and class attendance for a specific period of time. If this is not met, Masjid Hamza’s administration reserves the right to remove the student from the class/program. I/we have read and agree with the terms/conditions/policies for admission of our child:

Parent/Guardian/Adult Student Name: _____

Signature: _____

Date: _____

For Maktab class updates and cancelations, download the Masjid Hamza app