



## MDC Weekend School Registration Form

### General Contact Information

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

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Current School Name: \_\_\_\_\_

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

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

Primary Language Spoken: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

### Parent/ Guardian Information

Name of Parent / Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Emergency Contacts (Other than names mentioned above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information (Please attach a copy of your health card)

a) Have you ever had or do you currently have any health concerns such as allergies, asthma, surgeries, diseases, etc, or require any special needs? No  Yes

If yes, please explain: \_\_\_\_\_

b) Are you on any prescribed medication that must be taken during school hours? No  Yes

If yes, please specify the name and the number of times the prescribed medicine should be taken:

\_\_\_\_\_

c) Name of Family Physician: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ Manitoba Health Card No: \_\_\_\_\_



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### Applicant's Qur'anic & Arabic Background

*Note: It is important to answer the following questions to be considered for admission.*

a) How fluent is the student in reading Arabic and Qur'an? Beginner  Intermediate  Advanced

b) Has the student memorized any parts of Qur'an? Yes  No

If yes, please specify which part(s): \_\_\_\_\_

c) Has the student ever attended an Arabic or Qur'an memorization program before? Yes  No

d) If yes, please specify names of schools below:  
\_\_\_\_\_

### Program Registration Information

**Fees:** \$50.00 per month per student payable on the first Sat/ Sun of the month

**Time:** Saturdays **(OR)** Sundays from 10:00 am - 2:00 pm

**Place:** Manitoba Dawah Center located on 368 Edmonton Street

### Objectives & Expectations

Inshallah, students will memorize one to two parts of the Holy Quran; be able to read and write Arabic and understand common Arabic words and sentences; and develop a personality that mirrors the teachings of the Quran.

### Information Protection:

MDC is committed to respecting the privacy of individuals and recognizes the need of people with whom we provide service to, and employees for the appropriate management and protection of any personal information that you agree to provide to us. MDC collects personal information about students or our clients in order to better manage its business. The organization will make all reasonable efforts to fully inform such individuals about the planned use/disclosure of any personal information. The organization will limit the collection and use of personal information to that required for valid business purposes and will comply with all legislations. MDC will store personal information using hard copy and/or electronic means in such a way as to prevent unauthorized collection, access, use, disclosure or disposal of the personal information.

### Disclaimer:

At MDC facility, the language of instruction for this program is conducted in Arabic and English. However, we shall not guarantee that students will have improved their Arabic language skills or memorized parts of the Qur'an adequately in this short period of time unless parents/guardians follow up with the student and make sure to do and fulfill any assignments or practices required to be done at home. However, MDC will make utmost effort to utilize all available means to reach its goals by providing students with quality education.

### Consent:

I understand and agree to the terms and conditions outlined by the Manitoba Dawah Center with respect to the computer use, center use, liability waiver, fee payment and respectful workplace policies. I am under no compulsion registering myself or my child/ children in the courses mentioned above. I will take full responsibility to pay all necessary course fees including course material by the deadlines specified above.

Student Name: \_\_\_\_\_ Signature of Student/ Parent/ Guardian: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### Office Use Only

Date Received: \_\_\_\_\_ Processed By: \_\_\_\_\_ Approved: Yes  No