

# Anjuman E Zinatul Islam

78 Taylor Street Batley WF17 5BA UK

## Madressah Registration form

*Please complete the information and return to the Sadar Mudarris*

### PERSONAL DETAILS

Child's Name :			Date of Birth :		
_____	_____	_____	_____	_____	_____
First Name Middle Name Surname			Day Month Year		
Address :			Tel No :		
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Post Code :			Mob No :		
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Name of Parent / Guardian (Primary Contact) :					
Are you a Member of Anjuman ? Yes / No (If No an annual admissions fee will be required)					
Other contact Name (Secondary):					
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Relationship to Child :			Tel No :		
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### Medical Details / Conditions

Doctors Name :		Tel No :	
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Address :		Post Code :	
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<b>Does your child suffer from any of the following :</b>			
1) Asthma : Yes / No			
2) Food Allergies : Yes / No (If Yes, please specify)			
3) Medical Allergies : Yes / No (If Yes, please specify)			
4) Does your child have an SEN from school : Yes / No (If Yes, please specify)			
5) Any other problems we should be aware of :			
6) Is your child taking any medication : Yes / No (If Yes Please specify)			

#### **I the parent / guardian of the above child hereby agree to,**

- abide by all the rules and regulations of the Madressah.
- **not to** enter the class rooms during Madressah times.
- direct any discussion to the Sadar Mudarris.
- pay the prescribed weekly fee and an admissions fee if not a member of Anjuman.
- come to the Madressah when requested by the Sadar Mudarris when given sufficient notice.
- be responsible for bringing and collecting my child(ren).
- bring the **child's birth certificate** as proof of age (new entries only).
- authorise emergency medical treatment or medical advice being sought and subsequent treatment.

**I hereby declare that the above information is true and accurate.**

Signature of Parent / Guardian: \_\_\_\_\_ Date : \_\_\_\_\_

For official Use. - Date Received \_\_\_\_\_ No : \_\_\_\_\_