



## REGISTRATION FORM

**Non refundable deposit: \$75**

Referred by: \_\_\_\_\_

**Please choose a class option:**

- |  |   |
|--|---|
| <input type="checkbox"/> Saturday at 10:00 am - 12:00 pm<br><input type="checkbox"/> Saturday at 12:00 pm - 2:00 pm<br><input type="checkbox"/> Tuesday at 4:00 pm – 6:00 pm<br><input type="checkbox"/> Wednesday at 4:00 pm – 6:00 pm<br><input type="checkbox"/> Thursday at 4:00 pm– 6:00 pm | <input type="checkbox"/> Tuesday at 4:30 pm – 6:30 pm<br><input type="checkbox"/> Wednesday at 4:30 pm – 6:30 pm<br><input type="checkbox"/> Thursday at 4:30 pm– 6:30 pm |
|--|---|

<b>FEES PAYMENT PLAN</b> (Please <input checked="" type="checkbox"/> one)
<input type="checkbox"/> Installment plan: \$105.00 + GST monthly installments over 5 months, first payment is at time of registration, plus \$75 non-refundable deposit. *** must sign Installment payment plan agreement.
<input type="checkbox"/> Easy plan: \$255 (50%) upfront and the rest over 4 months ( \$63.75/month), plus \$75 non-refundable deposit. *** must sign Installment payment plan agreement.
<input type="checkbox"/> Full payment: \$495.00 + GST payable at time of registration, plus the non-refundable deposit (\$75)

<b>STUDENT INFORMATION</b> (Please Print Clearly)			
Child Full Name:	First	Middle	Last
Child's Home Address: Number/Street City/Province Postal Code			
Date of Birth: (Month / Day / Year)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
E-mail:		Home Phone:	
Language(s) spoken at home:			
Siblings - Name(s) and Age(s):			

<b>PARENT INFORMATION</b>	<b>Father (or Legal Guardian)</b>	<b>Mother (or Legal Guardian)</b>
Name (Surname, First Name)		
Address (Street, City, Province, Postal Code)		
Email		
Home Phone		
Cell Phone		
Work Phone		
Occupation (optional) (for field trip or volunteer purposes)		

Are parents living together?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, who has custody of child during program hours?	
Is there any information that the we should know which would help the teacher work effectively with your child?	

<b>AUTHORIZED PERSON(S) INFORMATION (Other than parents/guardians)</b> *** To whom your child may be released if parent(s) cannot be contacted	
1.Name:	2.Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Relationship:	Relationship:

<b>EMERGENCY CONTACT INFORMATION (Other than Parents and Guardians)</b>			
Name:	Relationship to Child:	Phone:	Cell:
Address:			
<b>Family Doctor</b>			
Name:	Phone:		
Address:			
Alberta Health Care Number:			

<b>Allergies:</b> **** Please fill out the following if it applies to your child:
<b>Medication or Action Taken:</b> (i.e. Benadryl, Epipen, etc.)

**Additional Notes:**

- Children must be toilet trained (no diapers or pull-ups)
- Class switches are subject to availability
- Attendance Policy: Absent students are allowed make up sessions in another class up to 3 classes per term, subject to availability. If the missed class is not available in another day, material and hand outs will be given to the student for self study. Parents are encouraged to revise the missed topics with the students at home.

**Please include the following with your registration form:**

- Completed Installment Payment Plan Agreement or full payment
- \$75 non-refundable deposit (in addition to class fees)

**Withdrawal**

30 days' written notice prior to the first day of the program is required to withdraw from Fairouz Academy programs and have the appropriate fees cancelled. Registration fee and installment payment plan administration fee are non-refundable.

**We will NOT provide refunds after the start of the program or if registration is cancelled less than 30 days prior to the start of the program,** and no prorating of fees will be provided. Those who opt to pay the full program's tuition in advance will not receive a refund on their payment. Parents and Guardians are expected to continue to pay for their monthly payments for the rest of the program regardless of the child no longer attending.

**RELEASE OF LIABILITY:** I hereby consent to the above terms, and hereby recognizes and acknowledges that Fairouz Arabic Language Academy LTD and staff will not be responsible for personal injury or loss. I give permission for the staff at Fairouz Arabic Language Academy LTD. to administer first aid to my child if there is a minor injury. In the event that the injury of my child requires further medical attention and I cannot be located, I hereby consent to Fairouz Arabic Language Academy LTD contacting the above doctor and calling an ambulance if deemed necessary. It is my responsibility for any costs incurred.

**PHOTO RELEASE:** I hereby authorize my child's photo to appear in the media or to be used to promote or publicize our programs without compensation. My child's name and identity will not be revealed. Should I prefer that Fairouz Arabic Language Academy LTD do not photograph my child I will notify Fairouz Arabic Language Academy LTD via e-mail at [info@fairouzacademy.org](mailto:info@fairouzacademy.org).

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_