

**Dar Alhuda Islamic School**  
**Summer School**  
**Jun 25- Jul 31, 2018**

---

Child Name:

1/First ..... M..... Last ..... DOB..... Age ( ) Years  
2/First ..... M..... Last ..... DOB..... Age ( ) Years  
3/First ..... M..... Last ..... DOB..... Age ( ) Years  
4/First ..... M..... Last ..... DOB..... Age ( ) Years  
5/First ..... M..... Last ..... DOB..... Age ( ) Years

Father's Name..... Mother's Name.....

E-mail address.....

Home address:

Street..... Apt #.....

City..... Postal code.....

Telephone No (Father's)..... (Mother's).....

Emergency contact Name..... Tel. No.....

Name..... Tel. No.....

**Declaration:** I hereby authorize Dar Alhuda to take my child to a licensed physician or medical center in the event of emergency in which neither parents can be reached.

Dar Alhuda is not responsible for accidents and injuries that occur to your child in the school premises.

Parent Signature..... Date.....

**Tuition fees**

\$ 150 per child, \$250.00 per 2 children \$300 per family (including Books)

All fees should be paid in advance. Please clear all your previous balance

**Note:**

School timing **11:00** AM. – 2:00 PM, Monday to Thursday. Please drop off and pick up on time.

For questions please contact 817-797-7069 or 214-554-3045

---

**For office use:**

Level.....

Approval.....