



## REGISTRATION FORM

All fields are mandatory and must be filled properly. International student must provide the attested English translations of identification documentations.

<b>STUDENT INFORMATION</b>				<input type="checkbox"/> New Student <input type="checkbox"/> Current Student		Registered By: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
First Name		Middle Name		Last Name			
Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (YYYY/MM/DD)		Age		
Address			Apt. #		Buzzer #		
City			Province		Postal Code		
Home No.			Email Address				
Health Card No.			Expiry Date (YYYY/MM/DD)				
Country of Citizenship			Status in Canada				
Date Entered in Canada (Foreign Student (YYYY/MM/DD))			Language(s) Spoken at Home				
<b>ACADEMIC INFORMATION</b>							
Previous School Attended			Address				
City, Province		Postal Code		Telephone No.			
Reason for leaving:			Last Date Attended (YYYY/MM/DD)				
Has your child ever been enrolled or recommended for any special educational programs (e.g. Gifted, French Immersion, Special Education, ESL, IEP, ELD, etc.)? If yes, please state the program:							
<b>PARENT/GUARDIAN INFORMATION</b>				Child lives with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father* <input type="checkbox"/> Mother* <input type="checkbox"/> Legal Guardian* *Please provide a copy of relevant custody documents.			
<b>FATHER'S INFORMATION</b>				<input type="checkbox"/> Check here if address is same as student's			
First Name		Last Name					
Address			Apt. #		Buzzer #		
City			Province		Postal Code		
Cell No.			Work No.   Ext				
Occupation			Employer				
Email Address			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
<b>MOTHER'S INFORMATION</b>				<input type="checkbox"/> Check here if address is same as student's			
First Name		Last Name					
Address			Apt. #		Buzzer #		
City			Province		Postal Code		
Cell No.			Work No.   Ext				
Occupation			Employer				
Email Address			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				



EMERGENCY CONTACT INFORMATION (other than parent/guardian)				Provide 3 contacts and list them in order of priority. Please ensure the contacts are aware of their nomination.					
1.	First Name		Last Name		Relationship to student				
	Home No.		Cell No.						
2.	First Name		Last Name		Relationship to student				
	Home No.		Cell No.						
3.	First Name		Last Name		Relationship to student				
	Home No.		Cell No.						
FAMILY PHYSICIAN'S INFORMATION									
Physician's Name			Phone No.						
Address				Unit/Suite #					
City	Province		Postal Code						
MEDICAL INFORMATION									
Is the student currently on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the student required to take regular medication? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Please list the name of any medication and frequency.									
<b>Note:</b> The school is not allowed to administer any medication to the students except for those students who have been prescribed medication by a physician as they would be unable to attend school, that would normally be provided at home by a family member, and that cannot be deferred until after school hours. All medications are administered by chaperones from the student's school. Please fill the <i>Health Support Service Request Form</i> and provide instructions (dose) for administration of medication.									
Allergies (please check) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state which:			State the severity of the allergy(ies):						
What counter measures need to be taken if a reaction occurs?									
Has your child been prescribed an Epinephrine Auto-injector (EpiPen) for allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, EpiPen must accompany your child during school hours in order to participate in activities. Please fill the <i>Health Support Service Request Form</i> and provide instructions (dose) for administration of medication.									
Does your child require an inhaler(s) on a daily basis and/or for exercise-induced activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, one inhaler must be submitted to the school office and one must accompany your child at all times. Please fill the <i>Health Support Service Request Form</i> and provide instructions (dose) for administration of medication.									
Wears glasses/contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does the student need corrective lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has your child ever had any surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and why?			Does your child have any other medical conditions that we should be aware of?						
Provide details on any physical activity limitations:									
IMMUNIZATION		Please refer to your child's <i>Immunization Record</i> and check all boxes that apply and provide a copy of an updated Immunization Record. Students who do not have one may be suspended until records are provided and up-to-date.							
Influenza <input type="checkbox"/>	Pertussis <input type="checkbox"/>	Varicella <input type="checkbox"/>	Rubella <input type="checkbox"/>	Tetanus <input type="checkbox"/>	Polio <input type="checkbox"/>	Diphtheria <input type="checkbox"/>	Mumps <input type="checkbox"/>	Meningococcal Disease <input type="checkbox"/>	Measles <input type="checkbox"/>
SPECIAL EDUCATION NEEDS									
Does your child have trouble with speech? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does the student currently or in the past require special education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please present relevant assessment documentation.						
TERM AND CONDITIONS									
ADMITTANCE									
I acknowledge and agree that regular class attendance is important for the child's progress and understands that it is the parent/guardian's responsibility to ensure that the child attends classes. The undersigned is obligated to make payments whether or not the child attends classes and that failure to complete, attend, pass or fail the lessons is not a waiver of the obligation to pay tuition fees in full. The undersigned understands that tuition fees are not affected by lesson schedules, holidays and/or attendance. I acknowledge that ALIF Canada cannot provide continuous supervision of students during the use of the facilities or instructions. ALIF Canada reserves the right to refuse admittance to any student for any violation of the terms of this agreement, or for any reason deemed appropriate by the management. I also agree any dues that are in arrears need to be paid in full before the completion of the school year. I understand that failure of a student to participate in school activities or academics shall not relieve the parent/guardian from liability for any dues owing. The dues will continue automatically until all fees are paid in full.									



#### MEDICAL EMERGENCIES

If student becomes ill while at school, parents/guardians must pick their child up or arrange for their transportation. In the event there is an emergency involving my child, and the school is unable to contact me or the emergency contact persons whom I have advised you in writing, I hereby grant *Academy for Learning Islamic Foundations in Canada* (ALIF Canada) or any member of its staff the permission to call another physician, call an ambulance or have the child taken to an emergency hospital in the care of a staff member/family member as you deem appropriate at the time. I understand and take responsibility for any and all expenses incurred under the above circumstances. Similarly, if ALIF Canada or any member of its staff deems that a situation is not considered a medical emergency or further medical attention is not required, I accept the decision deemed appropriate at that time.

- I hereby undertake to inform ALIF Canada of any changes of these details. In the event that there is an accident and either I, or my spouse, is not able to be contacted, my emergency contacts can be notified.
- I authorize ALIF Canada to initiate emergency medical procedures as it deems necessary in the best interest of my son/daughter or likewise refrain from further medical intervention or procedures if it deems unnecessary, unless otherwise explicitly informed to do so in writing by myself or another parent/guardian.
- I release ALIF Canada and associated individuals from liability in case of accident during activities related to ALIF Canada as long as safety procedures are taken.
- I hereby understand that any changes of address, personal information and/or emergency information will be given to the school immediately and is my responsibility.

Initials:

#### MEDIA RELEASE

ALIF Canada is constantly upgrading the school website and flyers. We would be honoured to have your child interviewed, photographed and/or otherwise digitally recorded as a student at the school.

- I understand that these materials maybe used to promote ALIF Canada's programs, services, events, or the school in general, in perpetuity. I understand that these media items may appear in electronic form on the internet, or in other publications outside of ALIF Canada's control.
- I agree that I will not hold ALIF Canada responsible for any harm that may arise from such unauthorized reproduction.
- I also understand that the choice, of which reproduction is to be used, if any, is at the discretion of ALIF Canada. I also understand that I do not have any copyrights to any photographs, videos, or electronic reproductions made by ALIF Canada.
- I accept that my child's testimonial and physical likeness in photographic, video or digital or electronic reproduction maybe used by ALIF Canada. I absolve ALIF Canada, its agents, staff and the photographer from liability of any violation of any personal or proprietary rights in connection with such use. I waive all rights to royalties or other compensation arising from their use.

Initials:

#### PHYSICAL ACTIVITIES PERMISSION (INTRAMURAL, EXTRA AND CO-CURRICULAR ACTIVITIES, AND PHYSICAL EDUCATION)

At ALIF Canada, physical activity in youth is essential for growth and development. Active participation in games, fitness routines and outdoor activities provide opportunities for students to gain the confidence necessary to work cooperatively and competitively with their peers. Our programs provide opportunities for students to make informative decisions regarding personal health and fitness. During physical activities, students are expected to participate, except for medical reasons or teacher's discretion, in a variety of activities. students will also have the optional opportunity to choose intramural activities. Student are expected to have a pair of indoor, no marking shoes that they wear during school hours.

Risk of injury exists in any physical activity. Injuries may range from minor sprains and strains to those that are more serious. The safety and well-being of our students is always our primary concern and attempts will be made to manage foreseeable risks inherent in physical activity as effectively as possible. However, ALIF Canada expects each child to adhere to school regulations, safety protocols and teacher's instruction and is not responsible for any injuries sustained during school activities. In your child's best interests, we recommend the following:

- Students should have an annual medical examination.
  - Students should bring emergency medications (e.g. asthma inhalers) to Physical Education class and intramural activities.
  - Appropriate clothing should be worn for safe participation (e.g. cotton shirts, track pants, and athletic shoes appropriate for the environmental condition). Jewelry must be removed, if possible. Jewelry that cannot be removed which presents a safety concern (e.g. medical alert identification or religious requirement) must be taped or the activity must be modified.
  - An eyeglass band and shatter-resistant/shatterproof lens should be worn if your child wears glasses that cannot be removed during any activities.
  - Attention should be paid to protection from environmental concerns (e.g. sun, hypothermia, dehydration, frostbite, insect bites and stings).
  - Safety inspection should be done at home of any equipment brought to school for personal use in class and intramural activities (e.g. skates and helmets).
  - Students should use a personal water bottle that is not shared.
- I acknowledge and understand the information mentioned above.

Initials:

#### WALKING EXCURSION PERMISSION

Occasionally, students will engage in activities that occur off school property for example, walking to the local library or to nearby parks, etc. Safety remains our primary concern therefore, the Principal will approve of these excursions and under the supervision of a teacher.

- I give permission for my child to participate in activities that may occur off of school property. I understand that these activities are within walking distance of the school. ALIF Canada will provide basic supervision and will take precautions to ensure the safety of students. I also understand that ALIF Canada will not be held liable in the event of any personal injury or accident caused to my child while he/she is at school any time on a school day or on an excursion.

Initials:

