



3131 Director Row Memphis TN 38128

### REGISTRATION FORM

Please print and return to Masjid

STUDENT INFORMATION			
STUDENT:	Date of Birth (MM/DD/YYYY):	Age:	
	First name	Middle name	Last name

Home Address:				
	Street Address	City	State	ZipCode
Home Phone:		Cell Phone:		
Email:				

CONTACT INFORMATION	
Parent/Guardian Name:	
Home Phone:	Work/Cell Phone:
Emergency Contact Name:	Relationship to Student:
Emergency Phone:	Alternate Phone:

MEDICAL INFORMATION (Circle Yes or No)		
Does your child have a life-threatening health condition?	YES	NO
If yes, please explain		

Does your child need medication at school?	YES	NO
If yes, please explain		

Does your child have any other medical issues of which we need to be aware?	YES	NO
If yes, please explain		

I am signing this form to hereby acknowledge that I will abide by the rules and regulations of Masjid Al-Muslimeen that are shared and explained to my child and I.

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Signature ( Parent or Legal Guardian)

Date: