

The Huda Academy

3221 Anna Street :: Little Rock, AR 72204

Phone: 501-565-3555 Fax: 501-565-3203

WHERE GUIDANCE PROMOTES EXCELLENCE

CHILD'S PERSONAL DATA SHEET

Name _____ DOB _____

Father's Name _____ Mother's Name _____

Home Address _____

City _____ State _____ ZIP _____

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

Email(s) _____

Date Enrolled _____ Date Withdrawn _____

EMERGENCY CONTACT INFORMATION:

Name of person to call if parents cannot be reached _____

Relation to Child _____ Phone _____

Address _____ Email _____

Is this person authorized to take child from center Y N (circle one)

OTHER ADULTS AUTHORIZED TO TAKE CHILD FROM THE HUDA ACADEMY:

(IF NOT LISTED HERE – AN INDIVIDUAL WILL NOT BE PERMITTED TO TAKE CHILD)

Name Relation

Address

City, St. ZIP

Telephone

Email

Name Relation

Address

City, St. ZIP

Telephone

Email

MEDICAL INFORMATION:

Child's Name _____

Child's Physician _____ Phone _____

Address _____ City, St. _____ ZIP _____

I, _____ Circle one: [mother/father/guardian] do hereby give my consent to the director of The Huda Academy, or a duly appointed representative thereof for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when parents cannot be reached. Consent is also given for the Director of The Huda Academy or a duly appointed representative to transport said child for emergency medical treatment if parents cannot be reached.

Signed_____
Date_____
Witness_____
Date

I hereby give / do not give (CIRCLE ONE) the Director of The Huda Academy or a duly appointed representative permission to give said child acetaminophen. I understand that I will be notified regarding any circumstance in which medication is administered.

Signature_____
Date**IMMUNIZATIONS: PLEASE PROVIDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORD**

VERIFIED BY: (CHECK) HEALTH DEPT. RECORD PHYSICIAN'S RECORD OTHER

DISEASE HISTORY: PLEASE LIST DATES FOR EACH (DD/MM/YY)
 MEASLES _____ MUMPS _____ GERMAN MEASLES _____ CHICKEN POX _____ WHOOPING COUGH _____
 (CIRCLE Y or N) TUBERCULOSIS [Y / N] FREQUENT EAR INFECTIONS [Y / N] FREQUENT THROAT INFECTION [Y / N]
 DEFECTIVE HEART [Y / N] ADDITIONAL COMMENTS: _____
DEVELOPMENTAL NEEDS:
 PHYSICAL OR EMOTIONAL PROBLEMS: _____
 SPECIAL FOOD NEEDS / ALLERGIES: _____
 MEDICATIONS CURRENTLY TAKEN: _____
 CHECK ANY THAT APPLY: TEMPER TANTRUMS__ DIABETES__ FREQUENT COLDS__ BITING__ SUN SENSITIVITY__ SEIZURES__
 FAINTING SPELLS__ BED WETTING__ OTHER (LIST) _____

 CHILD REQUIRES HELP IN: DRESSING__ UNDRRESSING__ TOILETING__ EATING__ WASHING HANDS__
 IS CHILD TOILET TRAINED? YES__ NO__ WORDS USED IN TOILETING: _____

FAVORITES: GAMES: _____ TOYS: _____ FOODS: _____
SIBLINGS: NAMES: _____**PREVIOUS CHILDCARE EXPERIENCES:**

I, the parent/guardian of said child, understand that I may ask for a conference with the Director of The Huda Academy at any time.

Signature_____
Date

ADDITIONAL COMMENTS: _____

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MULTIPLE VERIFICATION AND CONSENT FORM

INTERVIEWING CHILDREN

This is a statement of verification that I have been informed that Child Care Licensing / Investigators / Law Enforcement – etc. may possibly interview my child. This is in accordance with Minimum Licensing Requirements DCCECE / Child Care Licensing Unit: 200.3.

Parent Signature

Date

KINDERGARTEN READINESS SKILLS

This is to acknowledge that I have received the Kindergarten Readiness Skills Calendar for my child. In accordance with Minimum Licensing Requirements: DCCECE / Child Care Licensing Unit: 200.4.

Parent Signature

Date

CONSENT

I give written permission to apply suntan lotions / sunscreen for my child in weather conditions which may make it necessary to do so. In accordance with Minimum Licensing Requirements: DCCECE / Child Care Licensing Unit: 1101.16.

Parent Signature

Date

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Registration Form 2010-2011 (One Per Student)

Student Information

Current Grade Enrolled: _____ Grade for 2010 – 2011 _____ Entrance Testing Date: _____

Student's Legal Name: Last _____ First _____ Middle Initial _____

Date of Birth: _____ / _____ / _____ Age: _____ Sex: M / F Place of Birth: _____
Month day year

Social Security Number: _____

Address:

Number Street Apt # City State Zip code

Last School Attended _____ Grade last attended _____

Last School Address City State Zip Code Telephone

Parent Contact Information

Student living with (Please check) Natural Parent(s): _____ Foster Parent(s): _____ Relative: _____

Step-parent with custody: _____ Court appointed custodian: _____ Other: _____
(Specify)

Father's Full Name: _____ Occupation: _____

Father's Email: _____ Work/Bus. Phone () _____

Employer: _____ Mobile Phone () _____
Name of Business

Mother's Full Name: _____ Occupation: _____

Mother's Email: _____ Work/Bus. Phone () _____

Employer: _____ Mobile Phone () _____
Name of Business

I declare that all information provided in this registration packet is true and accurate. By signing this application, I accept and assume responsibility for all obligations (financial, academic, and social) as stated in the printed policies and procedures of The Huda Academy. Please note: Any false information provided on this form will nullify the student's admission. Students requiring Special Needs, Alternative, or ESL Education will not be admitted. New students will receive diagnostic testing prior to admittance.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Parents are responsible for keeping the above information current. It is a violation of state law to falsify student information. Student records will be forwarded on request to the school in which the student seeks or intends to enroll, without parent consent.

Mandatory Records (To be completed by the office) Verified by _____

Birth Certificate	Presented/On-File _____	Records Requested _____	Records Received _____
	YES NO	DATE DATE	
Immunization Record	Presented/On-File _____	Records Requested _____	Records Received _____
	YES NO	DATE DATE	
Previous School Records	Presented/On-File _____	Records Requested _____	Records Received _____
	YES NO	DATE DATE	

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TUITION CONTRACT

(One per Family)

TUITION & FEES

- Registration \$100
- Book Fee \$300.00 per student (every grade)
- Cot Fee \$50.00 per student **(Pre-K ONLY)
- Art Fee \$40.00 per student (KG-6th grade)
- Bldg./Maint. \$150.00 per family
- After Care \$135.00 per month per student / \$6 per hour per student
- Tuition Schedule per academic year:
 - Pre-K (ages 3-4) \$3,750.00
 - KG-6th - First child \$3,750.00
 - KG-6th - Second child \$3,250.00
 - KG-6 - Each additional \$3,000 .00
- Tuition Schedule per month:
 - Pre-K (ages 3-4) \$375.00
 - KG-6th - First child \$375.00
 - KG-6th - Second child \$325.00
 - KG-6th - Each additional \$300 .00

Student Information

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Parent Contact Information

Father's Full Name: _____ Email: _____

Primary Phone#: _____ Secondary Phone: _____

Mother's Full Name: _____ Email: _____

Primary Phone#: _____ Secondary Phone: _____

TUITION CONTRACT

(Continued)

CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS:

- [] **PLAN A :: PAYMENT IN FULL** by 8/6/10
(No Registration Fee + \$300 off)
- [] **PLAN B :: AUTOMATIC WITHDRAWAL** -Paperwork Completed by 8/6/10
(No Registration Fee)
- [] **PLAN C :: POST-DATED CHECKS** -Paperwork + 10 Post-Dated Checks
(No Registration Fee – when registering with 10 post-dated checks)

***** Registration Fee is waived if first month's tuition is paid in full by April 15th. *****

Tuition Policies This policy ensures that the tuition and fees are collected in a timely, consistent manner.

1. Returned checks will be subject to a \$25.00 fee.
2. Students joining after the official start date are responsible for paying full tuition.
3. The Huda Academy reserves the right to withhold school records until tuition is paid in full.
4. Failure to pay tuition will lead to an Administrative Withdrawal of your child from school.
5. Multiple-child discounts apply to families and staff on tuition only.

Refund Policy

Parents must submit a written request to the Principal at least 21 days before withdrawing the student(s) from school for tuition reimbursement. Refunds will only be given for tuition paid in advance for any remaining months not attended.

I have reviewed the above contract and agree to its terms and conditions.

Father's Signature

Date

Mother's Signature

Date

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APPLICATION FOR AUTOMATIC TUITION WITHDRAWAL

I hereby authorize automatic monthly withdrawal in the amount of _____
This authorization shall remain in effect (recurring monthly) until revoked by me in writing.

Unless otherwise stated, Automatic Withdrawal will occur each month – on the first of the month.

Last Name		First Name		Initial
Address	Unit #	City	State	Zip
Home Telephone		Work Telephone		

ACCOUNT HOLDER'S SIGNATURE _____

Date _____

:: PLEASE ATTACH VOIDED CHECK BELOW ::

John Doe
P.O. Box 954
Holbrook, NY 11895

DATE _____

PAY TO THE ORDER OF _____ \$ []

DOLLARS

FIRST UNION First Union National Bank
R/T 06700-435

FOR _____ SAMPLE MP

670040032 32665365 0532

ABA Number Bank Account Number

ABA NUMBER (ROUTING) _____

ACCOUNT NUMBER _____

Please print this form and return to our office with the VOIDED CHECK attached.

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VOLUNTEER FORM

Assalaamu alaikum wa rahmatullahi wa barakatahu. We are truly grateful for brothers and sisters, such as yourself, who make the effort to volunteer. Please take a few minutes to fill out the information below. This will help us best use your talents and gifts to give our children the greatest possible benefit. Again, thank you so much for your effort to connect with our school. Jazakallahu Khayran.

FULL NAME OF VOLUNTEER: _____

VOLUNTEER'S ADDRESS: _____

VOLUNTEER'S PHONE NUMBER: _____

| BEST TIME TO CALL: _____

VOLUNTEER'S EMAIL: _____

WHEN ARE YOU AVAILABLE? _____

MY EXPERIENCE WORKING IN AN ELEMENTARY SCHOOL ENVIRONMENT:

NONE 1-3 YEARS 4-5 YEARS 5+ YEARS 10+YEARS 20+YEARS

MY EXPERIENCE SERVING AS A VOLUNTEER:

NONE 1-3 YEARS 4-5 YEARS 5+ YEARS 10+YEARS 20+YEARS

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, EXPLAIN: _____

SKILLS & INTERESTS

PLEASE TELL US, BRIEFLY, ABOUT YOUR INTERESTS AND SKILLS. FOR EXAMPLE, DO YOU SPEAK MORE THAN ONE LANGUAGE? ARE YOU A SKILLED TYPIST? DO YOU HAVE MECHANICAL SKILL IN CARPENTRY, HVAC, ELECTRICAL ENGINEERING, OR PLUMBING? HOW DO YOU THINK YOU CAN HELP OUR SCHOOL? DO YOU HAVE TIME TO ANSWER PHONES AND FILE PAPERWORK? DO YOU ENJOY SPORTS? HAVE YOU EVER COACHED A CHILDREN'S TEAM? **PLEASE BE SURE WE CAN READ WHAT YOU WRITE!**

BY SIGNING BELOW, I AFFIRM THAT THE INFORMATION I HAVE PROVIDED ABOVE IS FACTUAL. I HEREBY ASSERT MY INTENTION TO SERVE AS A VOLUNTEER AT **THE HUDA ACADEMY**.

Signature of Volunteer

Date

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PHOTO / VIDEO CONSENT FORM

Dear Parents:

Assalamu Alaikum Warahmatu Allahi Wabarakatuh.

From time to time, during the course of the school year, our teachers and/or administrators will have the opportunity, inshaallah, to take various photographs and video footage of the children in their learning environments and group activities such as recess and after-school clubs.

Our intention in obtaining your consent is to provide a means by which we may legally display the outstanding work of our students to our community and make this information available to you as parents and family members via the internet. We are proud of our school and wish to promote it by selecting appropriate images of the children at The Huda Academy.

Under no circumstances, unless you specifically request, will we use images of your child/children for any purpose other than education – or promotion of our school. We will not make these images available to any outside agency or organization. The works, writings, photos, videos and other forms of media presented on our website are protected by copyright law.

Please detach the bottom portion of this form, sign it, add your child/children's names – and return to our office.

I/We hereby acknowledge having been informed that **The Huda Academy** intends to use photographs/video footage of the child/children listed below on its website at:
www.thehudaacademy.org.

I/We hereby authorize **The Huda Academy** to use photographs/video footage of the child/children listed below:

Name(s) of Child / Children:

Signature of Parent / Legal Guardian

DATE: _____

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PRESCRIPTION/OTC MEDICATION AUTHORIZATION FORM

OTC (OVER THE COUNTER) MEDICATIONS will be administered by The Huda Academy if the permission of a parent or legal guardian is specifically given for each medication listed below. If the medication you wish your child to take is not listed here, it must be approved. Following is a brief list of pre-approved OTC MEDICATION: Acetaminophen (Tylenol®), Ibuprofen (Motrin®/Advil®), Calcium Carbonate (Tums®), Bismuth Subsalicylate (Pepto Bismol®), Bacitracin (Neosporin®), and Deiphenhydramine (Benadryl®). If you wish your child/children to be given these OTC Medications on an as needed basis, you must initial beside each below. The Huda Academy only administers medication as indicated on the instruction label on the box or container in which medication is purchased. Parents/Legal Guardians must purchase and provide all OTC Medications.

PRESCRIPTION MEDICATIONS must be prescribed by a licensed physician, and will only be administered if delivered to our office in the original container as obtained from the pharmacy. Further, the label on the container/bottle must be intact; listing medication name, appropriate age, dosage requirements and the student's name. Medications prescribed to siblings will not be administered to other family members.

STUDENT:

EMERGENCY CONTACT:

TEL:

FAMILY PHYSICIAN:

TEL:

ALLGERGIES (PLEASE BE SPECIFIC):

DOES STUDENT TAKE ANY PRESCRIPTION MEDIATION ON A REGULAR BASIS (PLEASE LIST):

DOES STUDENT USE ANY TESTING DEVICES (BLOOD MONITOR, ETC)	YES [] NO []
IF YES, IS CHILD TRAINED IN USE/ADMINISTRATION OF THIS TEST	YES [] NO []
DOES STUDENT USE ANY EMERGENCY MEDICATIONS (INHALER, ETC)	YES [] NO []
IF YES, IS CHILD AUTHORIZED TO CARRY THIS MEDICATION ON HIS/HER PERSON	YES [] NO []

PLEASE INITIAL BESIDE MEDICATIONS WHICH YOU AUTHORIZE THE HUDA ACADEMY TO ADMINISTER TO YOUR STUDENT. DIRECTIONS ON PACKAGING WILL BE STRICTLY FOLLOWED. MEDICATIONS WHICH ARE NOT AUTHORIZED BY YOUR INITIALS ON THIS FORM WILL NOT BE GIVEN.

Acetaminophen (Tylenol®)	_____
Ibuprofen (Motrin®/Advil®)	_____
Calcium Carbonate (Tums antacid®)	_____
Bismuth subsalicylate (Pepto Bismol®)	_____
Bacitracin (Neosporin®)	_____
Deiphenhydramine (Benadryl®)	_____

I/We, the undersigned parent(s) or legal guardians of the student listed above, hereby authorize **The Huda Academy** or its duly appointed representative to administer over-the-counter (OTC) medications beside which my/our initials appear above. We have been informed that it is my/our responsibility to provide these medications to **The Huda Academy**. I/we understand, and agree to adhere to the guidelines above for prescription medications.

SIGNATURE OF PARENT / LEGAL GUARDIAN

DATE