



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 _____ Gender M / F 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Date Enrolled _____ Date Withdrawn _____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

Name Relation

Address

Address

City, St. ZIP

City, St. ZIP

Telephone

Telephone

Email

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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WHERE GUIDANCE PROMOTES EXCELLENCE

Registration Form (One Per Student)

Student Information

Current Grade Enrolled: _____ Entrance Testing Date: _____

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

Date of Birth: _____ / _____ / _____ Age: _____ Gender: 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 _____
YES NO Records Requested _____ Records Received _____
DATE DATE

Immunization Record

Presented/On-File _____
YES NO Records Requested _____ Records Received _____
DATE DATE

Previous School Records

Presented/On-File _____
YES NO Records Requested _____ Records Received _____
DATE DATE

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TUITION CONTRACT

(One per Family)

TUITION & FEES

- Registration \$50.00
- Book Fee \$450 per student (every grade)
- Cot Fee \$50.00 per student (pre-K only)
- Art Fee \$40.00 per student (KG – 6th grade)
- Bldg./Maint. \$200.00 *per family*
- After Care \$200.00 /month/ student /or \$10 per hour per student (3:45pm- 5:00pm) **(\$1/min after 5pm)**
- Pre-Care \$200.00 /month/ student /or \$10 per hour per student(7:00 am-7:30 am)
- Security Guard Fee: \$20 *per family per month*

- Tuition Schedule **per academic year:**

First Child	\$4,400.00
Second Child	\$3960.00
Third Child	\$3,520.00
Each additional	\$3,520.00

- Tuition Schedule **per month:**

First Child	\$440.00
Second Child	\$396.00
Third Child	\$352.00
Each additional	\$352.00

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)

	Plan Description	Due Date	Concession
PLAN A	Full- Year Payment in Lump Sum	May 31 st	No Registration & Book Fee [\$50 + \$300= \$350]
PLAN B	Half- Year Payment in Lump Sum	May 31 st	No Registration & Building Fee [\$50 + \$150= \$200]
PLAN C	One- Quarter Payment in Lump Sum	May 31 st	No Registration Fee + \$50 off [\$50 + \$50= \$100]
PLAN D	AUTOMATIC WITHDRAWAL: Debit Bank Account	Monthly	Registration Fee [\$50] waived if 1 st month fee paid by May 31 st
PLAN E	AUTOMATIC WITHDRAWAL: Credit Card Charge	Monthly	Registration Fee [\$50] waived if 1 st month fee paid by May 31 st

Please Check Your Tuition Payment Plan: [] A [] B [] C [] D [] E

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

1. **All fees/Tuition is due on the 1st of each month.**
2. **There will be a late fee charge of \$25.00 if the Tuition is not paid by 5th of the month.**
3. **To avoid late fee please enroll in Automatic Withdrawal program.**
4. Returned checks will be subject to a \$25.00 fee.
5. Students joining after the official start date are responsible for paying full tuition.
6. The Huda Academy reserves the right to withhold school records until tuition is paid in full.
7. Failure to pay tuition will lead to an Administrative Withdrawal of your child from school.
8. Multiple-child discounts apply to families and staff on tuition only.

Refund of tuition:

❖ **Before Start of School Year**

- Before May 31st

With submission of a completed Withdrawal Form, the tuition will be refunded in full minus the registration & building fee.

- After May 31st

With submission of completed Withdrawal Form, the tuition will be refunded in full minus the registration fee, building fee, book fee, cot fee (if applicable) & the first month's tuition.

❖ **After Start of School Year [August 1st]**

For a child to be withdrawn from school, a completed Withdrawal Form must be filled and submitted 30 days in advance. The school will only refund tuition fee of the remaining academic year quarter(s). Once the quarter has started, the fee is charged for that quarter. The remaining quarters can be refunded. The registration fee, building fee, book fee & cot fee (if applicable) will not be refunded. In case the withdrawal form is not submitted 30 days in advance (without any justifiable cause), NO portion of fee will be refunded for the remainder of the year. Grades, Standardized test results and Transcripts for the student will not be released UNLESS above fee(s) have been collected.

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

Father's Name Signature

Date

Mother's Name 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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The Huda Academy Credit Card Authorization form

Name of the cardholder _____

Credit card type AMEX____ DISCOVER____ VISA____ MASTER____

No. _____ Exp Date _____

Security code _____

I hereby authorize Huda Academy to use the credit card towards

Invoice _____

Donation _____

Zakat _____

Other _____

Name _____ Signature _____

Address: _____

This form is strictly confidential and has to be shredded once information is entered in Quick Books.

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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, insha'Allah, 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

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Emergency Consent Form

I hereby give my consent and authorization to Huda Academy to take whatever emergency medical steps deemed necessary, in the event of a medical emergency, sudden illness or accident, for the care and protection of my child, whether it be to:

1. Administer first aid.
2. Call 911 (if emergency room medical treatment is necessary)
3. Attempt to contact parents.
4. Attempt to contact child's physician.

It is understood that all expenses incurred by this service, not covered by insurance, are my responsibility and are not, in any way, the responsibility of The Huda Academy.

In all cases every effort will be made to contact the parents or person designated by the parent. This consent shall remain in effect during my child's enrollment.

I give authorization to any hospital or doctor to render immediate emergency aid as might be required at the time for my child's health and safety. I give permission for any treatment including first aid, x-rays, anesthetics, surgery and/or hospitalization.

Child's full name

Relationship to child

Parent/Guardian Signature

Date

Non-discrimination Policy

The Huda Academy prohibits discrimination against current or prospective students and employees on the basis of race, color, gender, religion, national origin, age or any other legally protected characteristic. It is the continuing policy of The Huda Academy to ensure equal employment opportunity in all personnel actions taken. Our policy is stated as follows:

1. Recruiting, hiring, training, and promoting for all jobs will be without regard to race, religion, color, national origin, sex, age, disability, veteran status, or genetic information and will conform with all applicable laws and regulations.
 2. Decisions on employment will be based solely on the individual's qualifications for the position being filled.
 3. Any promotional decisions will be based solely on the individual's qualifications as related to the requirements of the position for which the individual is being considered.
 4. All other personnel actions, such as compensation, benefits, transfers, terminations, and layoffs, return from layoff, and training programs will be administered without regard to race, religion, color, national origin, sex, age, disability, veteran status, or genetic information.
 5. The Huda School board is responsible for this policy and for the necessary reporting and monitoring procedures associated with it. Any complaints should be directed to his/her attention. This policy may be periodically reviewed.
-
- Guide students to revere their Islamic identity and heritage, and develop a true Islamic character.
 - Inculcate a habit for life-long learning.-
 - Encourage students practice and understand the ideas of health and safety.
 - Empower students in taking pride in work, good character, and self-respect.
 - Establish mutual respect for all people in the minds of the students.
 - Enable students to understand the importance of geopolitical and social changes that take place in the world.
 - Equip students to practice the skills of healthy family living and learn how to become good managers of lawful (halal) money, property, and resources.
 - Help students learn how to use leisure time wisely.
 - Make our students model citizens of United States who take pride in their Muslim heritage, ethnic culture and religious identity.