



**NUI MAKTAB PROGRAM REGISTRATION FORM**

**Maktab Administrators: Br. Zakir Gulam, Br. Ayub Pathan.**

In the Name of Allah, the Beneficent, the Merciful

Students Name: \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Previous School (Name): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Emergency Contact: (Name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Emergency Contact: (Name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Does the student have any of the following? (Check all applicable)

Asthma: \_\_\_\_ Heart Disease: \_\_\_\_ Epilepsy: \_\_\_\_ Allergy: \_\_\_\_ other: \_\_\_\_\_

Mental or Physical Handicap? \_\_\_\_ If Yes specify: \_\_\_\_\_

Does the student have any sight, hearing or impairment that would require attention?

\_\_\_\_\_

- ☐ **New**  
☐ **Returning**

ID# \_\_\_\_\_

Class Placement: \_\_\_\_\_ Fees Paid: \_\_\_\_\_ Accepted by: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Administrator Signature: \_\_\_\_\_

## **Terms and Conditions**

- Please complete one form for each child
- Class schedule is **Monday to Friday, 5:00 pm to 7:00 pm**
- Monthly Tuition: **1st Child \$60 – Two Children \$ 110 – Three children \$150**
- All tuition fees due must be paid before the student can attend class. (Book fee of \$30 plus first month's tuition of \$60.00)
- Check Payable to Nida ul Islam- In memo section write name of the student
- All school rules in written or other form must be always adhered to.
- **Dress Code:** No Jewelry on brothers. No Shorts. No hats/ or baseball caps. No dresses with graven images of people or animals. Brothers and sisters to dress appropriately in the spirit of modesty and humility to Allah (SWT).
- **Discipline:** No Cell phones, Chewing gums. No harassing fellow students or teacher/instructor. No indecent language and images to be spoken, drawn or written. Any violation of these or other rules of NUI and the MAKTAB PROGRAM will warrant a warning and if necessary, suspension at the decision of the Imam and the administration. Important Notice: Parents are required to keep their contact information (email & phone) and address updated with Imam office to ensure smooth and seamless communication. Always check the NUI website for MAKTAB program updates.
- **Punctuality:** Parents must bring students at least **FIVE MINUTES BEFORE** Maktab commences and pick up in **FIVE MINUTES AFTER** Maktab time finishes.

I hereby additionally consent that my son, \_\_\_\_\_ (“Applicant”), upon \_\_\_\_\_ (Official name of applicant) admission to Masjid, for participation in all Masjid , .’s and ’s, activities and hereby execute this AGREEMENT, WAIVER AND RELEASE on the Applicant’s behalf and discharge any and all claims for damages for personal injury, death, or property damage, mental or emotional harm of any kind which he may have or may hereafter accrue to the Applicant as result of participation in said activities, except as non-waivable by law. This release is intended to and shall discharge in advance Masjid, and (its officers, employees, volunteers, and agents) from all liability arising out of or connected in any way with the

Applicant’s participation in said activities. It is further agreed that this waiver and release is to be binding on the Applicant, his parents/guardians, and assignees. I agree to indemnify and to hold Masjid, and (its officers, employees, volunteers, and agents) free and harmless for any loss, liability, cost, or expense occurred as result of his/her death, injury, or property damage that the Applicant may sustain while on the premises of Masjid, and while participating in programs and activities.

**I HAVE CAREFULLY READ THIS AGREEMENT AND WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A LEGALLY BINDING AGREEMENT AND A RELEASE OF LIABILITY, A LEGALLY BINDING CONTRACT BETWEEN MASJID, AND ME AND THE APPLICANT. I SIGN IT OF MY FREE WILL**

\_\_\_\_\_  
*Parent Name (print)*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*