AL MUSTAFA FOUNDATION
Masjid Al-Mustafa
24038 S Val Vista Dr. Chandler, AZ 85249

Student Enrollment Form

Student Information (Include all children):

First Name	Last Name	Birth Date MM/DD/YY	M/F	Session 1 or 2

*Session 1: 4:30 – 6:00 pm / Session 2: 6:00 – 7:30pm

Parent/Guardian Information:

Full Name : _____

Address : _____

Cell Phone: _____ Alternate Phone: _____

Email Address: _____

Emergency Contact: Name_____ Phone: _____

I give the Masjid permission to call emergency medical services and render appropriate treatment to my child(ren) if needed.

I understand that my monthly tuition $_____ will automatically be deducted from my bank account on 5th of the month and I will be subjected to $35 fee for any denied payment.
Also, I agree to give advance written notice to stop payment when I withdraw my Child(ren).

I hereby hold Masjid, its staff and volunteers harmless from any and all claims of liability and acknowledge and accept the admission process and guidelines.

_____ _____ _____

Print Parent/Guardian Full Name Signature Date