



# Darul-Khair Centre, Stouffville

Unit 36, 86 Ringwood Drive, Stouffville  
Phone: 416-292-1818, 416-854-7390  
Email: [info@darulkhair.ca](mailto:info@darulkhair.ca)  
Website: [www.darulkhair.ca](http://www.darulkhair.ca)

## SUNDAY CLASSES REGISTRATION

### REGISTRATION FORM 2023-2024

#### Student Information – Please print clearly

Last Name	First Name	M / F	Grade	Birth Date (dd/mm/yy)	Health Card #
Last Name	First Name	M / F	Grade	Birth Date (dd/mm/yy)	Health Card #
Last Name	First Name	M / F	Grade	Birth Date (dd/mm/yy)	Health Card #

#### Please select your preference

On-line Class     In-person Class (12+year)

#### Family Information

Father's Name		Mother's Name
Address		
City		Postal Code
Home Phone	Cell Phone	Email
In case of emergency	Contact Name:	Telephone No.

#### Allergies / Medical conditions:

As parent/guardian of the child/children registered above, I (we) understand and agree that the Darul-Khair Centre (DKC) Stouffville and staff, while taking all reasonable precautions to ensure the safety of the students, will not be held liable by , me (us) in the event of personal injury or accident caused to the child/children while he/she is at the DKC education centre or Mussallah or on-line at any given time on a Sunday school day (including 10:30 am to 2:30 pm), on a school trip, or at any excursion. In addition, I (we) agree to abide by the policies and procedures of the DKC.

Signature of Parent / Guardian

Parent / Guardian's Name (please print)

Date

Number of Children Per Family	Monthly Fees (C\$)
1 <sup>st</sup> Child	55
2 <sup>nd</sup> Child	50
3 <sup>rd</sup> Child	50

#### Monthly Fee Payment for 11 months

Fee by Credit Card No:

Expiry     CVV code:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SCHOOL FEES

- 11 Month fee must be paid with postdated cheques, void cheque for direct bank withdrawal or a credit card.
- Monthly fee will be not be waived for extended leave during the school year
- Tax donation receipt will be issued for fee amount.
- Islamic Books and agenda cost of \$20 to be paid at the time of registration.

Void cheque for monthly deductions (Debit my Account)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I may revoke my authorization at any time, subject to providing notice of (30 days). To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).