

**Darul-Khair Centre, Stouffville** Unit 36, 86 Ringwood Drive, Stouffville Phone: 416-292-1818, 416-854-7390 Email: info@darulkhair.ca Website: www.darulkhair.ca

## **EVENING HIFZ** REGISTRATION

## **REGISTRATION FORM 2023-2024**

Student Informatio	n – Pleas	e print clearly						
		rst Name	M /F	Grade	Birth Date (dd/mm/yy)	Health C	ard #	
Last Name Firs		rst Name	M /F	Grade	Birth Date (dd/mm/yy)	Health C	ard #	
Last Name Fin		rst Name	M /F	Grade	Birth Date (dd/mm/yy)	Health C	ard #	
Please select your	perferen	ce						
On-line Class	In-perso	n Class (12+year)						
Family Information	I							
Father's Name		Mother's Name						
Address								
City				Postal Code				
Home Phone	ne Phone Cell Phone				Email			
In case of emergency Contact Name:						Telephone No.		
Allergies / Medical cond	litione							
excursion. In additio	n, I (we) a	agree to abide by	the policies a	and pro			on a school trip, or at any	
		Monthly Fee Payment for 11 months						
		Monthly Fees (C\$)		Fee by Credit Card No:				
1 <sup>st</sup> Child		100		·				
2 <sup>nd</sup> Child		90	EX	piry	CVV code:			
3 <sup>rd</sup> Child 90		Sig	Signature:			Date:		
SCHOOL FEES		Void cheque for monthly deductions (Debit my Account)						
1. 11 Month fee must be paid with postdated cheques, void cheque for direct bank			 	Signature:Date:				
withdrawal or a credit card.				I may revoke my authorization at any time, subject to providing notice of $(20)$				
2. Monthly fee will be not be waived for extended leave during the school year			days). T	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				
3. Tax donation receipt will be issued for fee amount.					<u>.</u>	y		
4. Islamic Books and agenda cost of \$20			I have c	I have certain recourse rights if any debit does not comply with this agree- ment. 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				
to be paid at the time of registration.			ment. Fo					