



## ATLANTA BRANCH

# NASFAT Atlanta Arabic and Islamic School REGISTRATION FORM

(Please Print)

Today's date:							
STUDENT INFORMATION							
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			Cell phone no.: (    )				
P.O. box:	City:		State:		ZIP Code:		
Parent/Guardian name:	Address (if different):			Cell phone no.: (    )			

PROGRAM INFORMATION					
(Please read the attached Program curriculum.)					
Class Location	NASFAT Atlanta Masjid – 432 Dogwood Dr, Lilburn, GA 30047			Tel: (770) 381-0888	
Email address:	info@atlnasfat.org			Web address:	www.atlnasfat.org
Please indicate Class Category	<input type="checkbox"/> Beginners	<input type="checkbox"/> Intermediates	<input type="checkbox"/> Seniors	<input type="checkbox"/> Adult Beginners	<input type="checkbox"/> Adult Advance
Time/ Every Sunday	11am – 1pm	11am – 1pm	11am – 1pm	2pm – 3pm	2pm – 3pm
Age Range	1 – 5 years	6 – 10 years	11 years and above	Adult	Adult
Monthly Fee	Free	\$15.00	\$15.00	\$15.00	\$15.00
Please note: If you have more than 2 children, the first 2 children will per \$15 each while the 3 <sup>rd</sup> or and 4 <sup>th</sup> child is or are free (example, a family of 4 children will only pay \$30/month for the first 2 kids and the others are free).					
Requirements:	6 months learning timeframe	100 % attendance and commitment		Promptness to class	
	Discipline	Dedication		Transparent	

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to Student:	Cell phone no.:	
		(    )	
The above information is true to the best of my knowledge. I understand that I am financially responsible for monthly fee and I am committed to the program.			
_____ <i>Patient/Guardian signature</i>		_____ <i>Date</i>	