



# Al-Huda Pre-School

Where Love, Learning, & Guidance are Part of the Curriculum

## 2018-2019 ADMISSION APPLICATION

**For Office Use Only:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Received: \_\_\_\_\_ Application Fee: \_\_\_\_\_

Immunization Records: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_

**GRADE APPLYING FOR:**                    **PRE-K 4**

**APPLICANT'S  
NAME**

Male    Female

\_\_\_\_\_  
Last    First    Middle

\_\_\_\_\_  
Street Address    City    State                      Zip

\_\_\_\_\_  
Home Phone (Include area code)    Social Security Number

\_\_\_\_\_  
Date of Birth    Place of Birth    Primary Language Spoken    Other Languages

Yes    No

Does your child have any special learning, speech, physical or behavioral problems? If yes, please explain.

Yes    No

Does your child have any special needs we should be aware of? If yes, please explain.

Applicant lives with (Please check all that apply):    Mother    Father    Other: \_\_\_\_\_

**FAMILY  
INFORMATION**

**Father /Guardian**

\_\_\_\_\_  
Name    Business Phone

\_\_\_\_\_  
Home Address    Occupation

\_\_\_\_\_  
City    State                      Zip    Place of Employment

\_\_\_\_\_  
Home Phone    Email Address

\_\_\_\_\_  
Cell Phone



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## Mother/Guardian

_____			_____		
Name			Business Phone		
_____			_____		
Home Address			Occupation		
_____			_____		
City	State	Zip	Place of Employment		
_____			_____		
Home Phone			Email Address		
_____			_____		
Cell Phone			_____		
_____			_____		
Names, ages, and grades of brothers:			Names, ages, and grades of sisters:		
_____			_____		
_____			_____		

## EMERGENCY CONTACTS

Name: _____	Relationship: _____	Daytime Phone: _____
Name: _____	Relationship: _____	Daytime Phone: _____

## OTHER INFORMATION

<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Is your child toilet-trained?	Religious affiliation	
<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Are you interested in working/volunteering at the pre-school?	<input type="radio"/> Yes <input type="radio"/> No	_____
	Do you understand that you will be expected to provide many supplies for the pre-school class?	
_____		
What are the most important qualities you are looking for in a pre-school program for your child?		
_____		

Applicant was referred by: \_\_\_\_\_



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**COMPLETED Admissions:** The following materials constitute a complete application for

**APPLICATION**

- 1. This application form filled out **COMPLETELY**.
- 2. \$45.00 non-refundable application fee
- 3. Birth Certificate
- 4. Medical Form
- 5. Dental Form
- 6. Up to date Immunization Record.

Please be aware that **enrollment is limited and is on a first come first serve basis**. Please return your completed application as soon as possible to the school's main office. Only completed applications will be reviewed and considered for admission. Please inform the school's office for any address changes as soon as they occur. Be advised that by signing this application, you are accepting to follow the rules and regulations of Al-Huda School. May Allah help us to learn, act and teach what only pleases HIM.

Name of parent/guardian (please print) \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date