



An-Noor Learning Center

مدرسة النور الثقافية



REGISTRATION FORM

Receipt #:

Fall	Winter	P

➤ Student Name:

_____ (First) _____ (Last)

Date of Birth: _____

Allergies: _____ Health Care #: _____

Date of Registration: _____ School Name: _____

➤ Address:

City: _____ Province: _____ Postal Code: _____

Fax: _____ E-mail: _____

Home Phone: _____ Mobile: _____

Father/Guardians' Name: _____

Mother/Guardians' Name: _____

🚨 IN CASE OF EMERGENCY*

Contact's Name: _____

Relationship to Student: _____

Phone: _____

** In the event of an accident, our staff may perform first aid, and/or seek further medical attention for your child. In the event of an emergency, however, our staff may call upon Emergency services for immediate medical attention for your child. Follow-up calls with Designated contacts are on best-effort basis.*

*Dr. Raafat El-Hacha – Principal
Ph: (403-830-3939) – (English/Arabic)*



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➤ **Student #2 - Name:**

_____ (First) _____ (Last)

Date of Birth: _____ School Name: _____

Allergies: _____ Health Care #: _____

➤ **Student #3 - Name:**

_____ (First) _____ (Last)

Date of Birth: _____ School Name: _____

Allergies: _____ Health Care #: _____

➤ **Student #4 - Name:**

_____ (First) _____ (Last)

Date of Birth: _____ School Name: _____

Allergies: _____ Health Care #: _____

Comments or any additional information our Staff should be aware of:

Parent Signature: _____ **Date:** _____