



**Our Mission is** To enrich the public's understanding of Islam and dispel common myths and stereotypes, while serving the Muslim community's educational, social, and spiritual needs in order to develop generations of proud and committed Muslims who lead our community to the fore front of bridge-building dialogue, faith-based community service, and stewardship of Earth and humanity.

## **MET Weekend School Registration Form**

Student's Full Name (in English and Arabic)	Age	Health problems/Allergies (if any)

**Parent/ Student Information :**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

**Phone Numbers:**

Home: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

**Emergency Contact Information:**

1. Full Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**In Case of Emergency:**

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance and Group #: \_\_\_\_\_ Hospital: \_\_\_\_\_

**Payment Amount:** \$ \_\_\_\_\_      Cash      Check      Credit

**\$250/student,**                              Fall term      Winter term      Spring term

**\$225/additional student**

**I understand that MET is unable to offer special-needs education and has the right to refuse enrollment or cease enrollment of any student whose behavior or learning challenges may be detrimental to the students' learning experience.**

***By signing below, I agree to drop off and pick up my child(ren) on time at MET for the Weekend School. I understand that tardiness will result in extra fees and/or special action by the School Director. I give permission that my child be photographed, videotaped, and/or voice recorded as part of the MET Weekend School proceedings, and media of my child may be published at the discretion of MET. I give my child(ren) permission to use the playground structure, gym, and other amenities at MET, and will not hold MET, its programs, or its staff liable for incidents involving accidental injuries sustained by my child(ren) during school hours.***

Parent's Name: \_\_\_\_\_ (please print)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_