

SPIRITUAL SOCIETY CANADA INC

04 Old Kingston Road, Toronto, Ontario M1E 3J5. Tel: (416) 289 0953. Email: spiritualsociety97@gmail.com

MEDARASSA REGISTRATION FORM

One form per family

Parent / Guardian Info:	
Father's Name:	Home Phone #:
Mother's Name:	Cell Phone #
Full Address:	Work Phone#:
	Email Address:
Emergency Priority 1:	Doctor's Name:
Emergency Priority 2:	Doctor's Phone #:
Emergency Priority 1 Phone#:	Health Card #:
Emergency Priority 2 Phone#:	

Student Info:				
Student Name <i>First and last name</i>	Gender	Date of Birth MM/DD/YY	Enrollment Type	Class <i>For office use only</i>
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> New student <input type="checkbox"/> Re-enrolling	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> New student <input type="checkbox"/> Re-enrolling	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> New student <input type="checkbox"/> Re-enrolling	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> New student <input type="checkbox"/> Re-enrolling	

1. Parents will be responsible for the conduct and behavior of their kids at Madressa.
2. The proper clothing as per season and the health concern/allergy/medication will be sole responsibility of individual parents.
3. For any issue related to Madressa to be discussed with the management only.
4. With admission form parents has to submit \$10 administration fees.
5. Decision of Maderassa management will be final in all Madressa related matter and will be binding in all cases.
6. Drop off and pick up will be arranged by the parents/guardian. The Centre is not liable for any damage arising from any accident or injury which is caused by or arises from participation of the applicant(s) name herein during any program or in any facility where the program is held.
7. Kids age should be minimum 4 years completed for enrollment in maderassa.

Application Date: _____

Parent/Guardians Signature: _____

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MADERASSA FEE PAYMENT OPTIONS

MADERASSA FEES WILL BE \$45.00 PER STUDENT.FEES WILL BE ACCEPTABLE IN FORM OF CHEQUE.WITH ADMISSION FORM PARENTS/GAURDIAN HAS TO SUBMIT 3 MONTHS FEES IN ADVANCE.

ADMISSION TYPE: WEEK DAYS ☐ WEEK END ☐ SPEACIAL CLASS ☐

Please select one of the following fee payment option below:	
Note: Registration will only be accepted upon completion of the fee payment options.	
Full Payment of annual Fee	<input type="checkbox"/>
3 Month Payment	<input type="checkbox"/>
6 Month Payment	<input type="checkbox"/>
9 Month Payment	<input type="checkbox"/>
Monthly Pre-authorized	<input type="checkbox"/>

Note:If paying by monthly pre-authorized Payment please submit attached form with Void Chq.

Office use only:

Admissions accepted by:_____

Signature:_____

Date:_____