



Cordova Academy Scriptural Sciences Department- Youth Division

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We Commence with the Blessed Name of Almighty God

As-Salāmu 'Alaikum Wa Raḥmatullāh

Dear Parent/Guardian,

To register your child for the *Imām Ad-Dāni* (ra) Children's Intensive Qur`anic Program, kindly print out the following form, read it thoroughly and complete it accordingly. Upon completion, please mail it with your cheque payable to the Cordova Spiritual Education Center or C.S.E.C. to:

Cordova Academy Head Office
47 Landover Crescent
Kanata, Ontario
K2M 2W3



REGISTRATION FORM ¹

Student Information

LEVEL _____

Name: _____ Age: _____

Address: _____ City: _____

Prov. : _____ Postal code: _____ Phone: _____

Alt. #: _____ Email: _____

Course Fee: \$ 160 (please make cheques payable to C.S.E.C.)

Start Date: Saturday April 3rd, 2010 **End Date:** Saturday June 19th, 2010

Class Day(s) & Time(s): ___ Saturdays from 9:00 am until 10:00 am (Levels 1 & 2)

___ Saturdays from 10:15 am until 11:15 am (Levels 3 & 4)

Classes are booked for a set time. It is the responsibility of the student(s) to attend classes; if the student(s) fails to attend a class, that class is considered taken. This contract is set for a period of three months. All fees are due in full upon registration, and are **non-refundable**. Fees are to be paid in the form of cash or cheque only. Cordova Academy has enshrined in its' policy, the code of morality, good character and good behaviour, and as such will not tolerate any illicit behaviour. Any illicit or immoral behaviour will result in the immediate expulsion of the student(s) from the Academy, without any refunds, and without prior warning. Cordova Academy will not tolerate any vandalism or littering of facilities used by it, any such actions will be the responsibility of the parent(s)/guardian(s) of the student(s) to cover the costs of any vandalism or littering caused by the student(s). Cordova Academy will not take any responsibility for students outside of class times set above. This course is not intended for children with mental/extreme learning difficulties. Any allergies or medical condition(s) we should be aware of? N / Y Please state:

I, the undersigned, acknowledge by virtue of my signature below, that I have read and completely understand the contract conditions and agree in full to abide by them.

Parent/Guardian's Name (Please Print Clearly)

Emergency Contact: Name & Number

Parent/Guardian's Signature

Date

¹ Cordova Academy respects the privacy of its members and students. Any and all information is collected solely for Cordova Academy, it will not be shared with any other party for any reason. The information collected is to aid in preparing course materials, statistics on our classes and students, to assist in making each class a better experience and to notify past and present participants of our classes, lectures and newsletters.