Darul-Khair Centre, Stouffville
Unit 36, 86 Ringwood Drive, Stouffville
Phone: 416-292-1818, 416-854-7390
Email: info@darulkhair.ca
Website: www.darulkhair.ca

SATURDAY CLASSES REGISTRATION

REGISTRATION FORM 2019-2020

Student Information – Please print clearly

Last Name	First Name	M /F	Grade	Birth Date (dd/mm/yy)	Health Card #

Family Information

Father's Name		Mother's Name	
Address			
City		Postal Code	
Home Phone	Cell Phone	Email	
In case of emergency	Contact Name:		Telephone No.

Allergies / Medical conditions:_____

As parent/guardian of the child/children registered above, I (we) understand and agree that the Darul-Khair Centre (DKC) Stouffville and staff, while taking all reasonable precautions to ensure the safety of the students, will not be held liable by , me (us) in the event of personal injury or accident caused to the child/children while he/she is at the DKC education centre or Musallah at any given time on a Saturday school day (including 10:30 am to 12:30 pm and 12.30 to 2.00 pm), on a school trip, or at any excursion. In addition, I (we) agree to abide by the policies and procedures of the DKC.

Signature of Parent / Guardian _____ Parent / Guardian's Name (please print) _____ Date _____

Number of Children Per Family	Monthly Fees (C$)
1st Child	50
2nd Child	45
3rd Child	45

SCHOOL FEES

1. 11 Month fee must be paid with postdated cheques, void cheque for direct bank withdrawal or a credit card.
2. Monthly fee will be not be waived for extended leave during the school year
3. Tax donation receipt will be issued for fee amount.

Monthly Fee Payment for 11 months

☐ Fee by Credit Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry ☐☐☐☐

Signature: _____ Date: _____

☐ Void cheque for monthly deductions (Debit my Account)

Signature: _____ Date: _____

I may revoke my authorization at any time, subject to providing notice of (30 days). To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.