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

EVENING HIFZ REGISTRATION

REGISTRATION FORM 2021-2022

Student Information – Please print clearly

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

Please select your perference

☐ On-line Class ☐ In-person Class (12+year)

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 or on-line at any given time on a weekday evenings (during evening Madressa/school), 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	100
2nd Child	90
3rd Child	90

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.
4. Islamic Books and agenda cost of $20 to be paid at the time of registration.

Monthly Fee Payment for 11 months

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

Expiry ☐☐☐☐ CVV code: ☐☐☐

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.