



# Masjid Alwaddood Orono

111 Church Street. North, P.O. Box 399, Orono, Ontario, Canada L0B 1M0  
Tel: (905) 983-9116 E-Mail: info@waddood.ca www.waddood.ca

## EVENING MAKTAB ADMISSION FORM

### **STUDENT INFORMATION: (Please print clearly)**

Student Grade: \_\_\_\_\_ Registration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ New Student: \_\_\_\_\_  
YY MM DD

Student Name: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Tel:(\_\_\_\_\_) e-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
YY MM DD

Health Card Number: \_\_\_\_\_

Does your child have any special learning, behavioral or physical difficulties?

Please describe: \_\_\_\_\_

### **PARENTAL INFORMATION**

Father's Name: \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_  
First Name Last Name

Mother's Name: \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_  
First Name Last Name

Marital Status : Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION (besides parents)**

Name: \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_  
First Name Last Name

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

### **UNIFORM**

#### GIRLS:

- Well fitting WHITE scarf
- Abaya or Loose long Dress below the Knees (NAVY BLUE / BLACK)
- Long, loose pants (below the ankles)

#### BOYS:

- Clean WHITE topee---Clean curta or Jubba---Pants above the ankles

### **MAKTAB MONTHLY FEES**

\$50 per student

The Masjid Is Where It All Begins