



JAMIAH ISLAMIYAH ABU BAKR

2665 Lawrence Avenue East Toronto, ON M1P 2S2 Tel. No. (416) 750-2253
 Email: info@smacanada.ca Website: www.smacanada.ca Fax: (416) 750-1616

- Session 1
- Session 2
- Online Session 1
- Online Session 2

Religious School Registration Form

Please Select the Program from the List Below:

<input type="checkbox"/> Part Time Alim/Alimah	<input type="checkbox"/> Part Time Hifz	<input type="checkbox"/> Summer School
<input type="checkbox"/> Full Time Alim/Alimah	<input type="checkbox"/> Full Time Hifz	<input type="checkbox"/> Sunday School
<input type="checkbox"/> Takhassus	<input type="checkbox"/> Evening Madrasah	<input type="checkbox"/> Adult Madrasah

Parent/Guardian Information:

Father's Last Name: _____ Father's First Name: _____
 Telephone: _____ Home Phone _____ Cell Phone _____ Email: _____
 Mother's Last Name: _____ Mother's First Name: _____
 Telephone: _____ Home Phone _____ Cell Phone _____ Email: _____
 Street: _____ Apt/Unit: _____
 City: _____ Province: _____ Postal Code: _____

Marital Status: Married: | Divorced: | Separated: | Widowed: | Single:
 Child Lives With: Both Parents: | Father: | Mother: | Legal Guardian:

Please Provide the office with a copy of any relevant legal custody papers

Emergency Contacts (Cannot be a Parent/Guardian):

1) Name: _____ Relationship with Student: _____
 Telephone: _____ Home Phone _____ Cell Phone _____ Email: _____
 2) Name: _____ Relationship with Student: _____
 Telephone: _____ Home Phone _____ Cell Phone _____ Email: _____

Student Registration Details:

Student Name(s) First/Last Name	Date of Birth DD/MM/YY	Health Card Number & Version Code	Gender M/F	Allergies If Applicable	Grade	Age	Program

Registration Fees (Mandatory and Non-Refundable):

Item	Price	Amount
Registration Fee	\$10/Student (Unless Student was here within 365 Days)	\$
Islamic Books	\$15/SK Student or \$40/Gr 1-8 Student	\$
Uniform	\$20/Each	\$
Yearly Agenda	\$20/Student	\$
Total: Due Upon Registration		\$

FOR OFFICE USE ONLY

STUDENT'S FID		Date Added to System:		PARENT FID
Student 1	Student 2	Student 3	Student 4	



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General Information:

Alim/Alimah Program (Grade 9 and up) – 7 Year Program; First 4 Years Part Time, Last 3 Full Time				
Item	Monthly Fees			
	1 Student	2 Student	3 Student	4 Student
Part Time Alim/Alimah (4:30 pm to 7:30 pm, Mon-Fri)	\$100	\$200	\$300	\$400
Full Time Alim/Alimah (8:30 am to 3:30 pm, Mon-Fri)	\$275	\$525	\$715	\$905
Takhassus (Specialty in Islamic Jurisprudence)	\$50	\$100	\$150	\$200

Hifz Program (Ages 9 and up)				
Item	Monthly Fees			
	1 Student	2 Student	3 Student	4 Student
Part Time Hifz (4:30 pm to 7:30 pm, Mon-Fri)	\$100	\$200	\$300	\$400
Full Time Hifz (8:30 am to 3:30 pm, Mon-Fri)	\$275	\$525	\$715	\$905

Evening Madrasah (Ages 5 and up)				
Item	Monthly Fees			
	1 Student	2 Student	3 Student	4 Student
Evening Madrasah Session 1 (4:30 pm to 6:00 pm, Mon-Fri)	\$50	\$100	\$150	\$165
Evening Madrasah Session 2 (6:00 pm to 7:30 pm, Mon-Fri)	\$50	\$100	\$150	\$165
Evening Madrasah Online (6:00 pm to 7:30 pm, Mon-Fri)	\$50	\$100	\$150	\$165
Evening Madrasah Age 14+ (6:00 pm to 7:30 pm, Mon, Wed, Fri)	\$50	\$100	\$150	\$165
Adult Madrasah (10:00 am to 2:00 pm, Sun)	\$35	\$70	\$100	\$130

Sunday School (Ages 5 and up) – Only Every Sunday				
Item	Monthly Fees			
	1 Student	2 Student	3 Student	4 Student
Sunday School (10:00 am - 2:00pm) (Winter: 9:15 am - 1:15 pm)	\$35	\$70	\$100	\$130

Bank Information:

3 Digit Institution Number

5 Digit Transit Number

7 Digit Account Number

Acknowledgement:

I, _____ hereby authorize Scarborough Muslim Association to withdraw a madrasah fee of \$ _____ from my account on the 22nd of every month. This agreement will be terminated upon the student's cancellation via the withdrawal form available in the office. I am solely responsible for ensuring the correct amount of fees is available on the 22nd of every month. If for any reason funds are not received from my account, I will come and pay in person. I understand it is my responsibility to inform SMA of any bank changes.

Waiver: I hereby freely release, waive, and hold harmless the Scarborough Muslim Association, its officers, directors, and employees from any liability claims related to personal injuries sustained while enrolled in this program or using the facilities. I have read, understood, and agreed to this waiver and conditions on this form.

Parent/Guardian Signature: _____

Date: _____