



Supplemental Registration & Agreement Form (2020-2021)

Additional Student Information

Online

On Campus

Student Name #1: _____

Student Name #2: _____

Student Name #3: _____

Student Name #4: _____

Family Information

Father's Name: _____

Father's Mobile Phone: _____

Mother's Name: _____

Mother's Mobile Phone: _____

Family Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____

Primary Languages Spoken at Home: _____

Nondiscriminatory Statement

Al Manara Academy admits qualified students of any race, national, and ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students. It does not discriminate on the basis of race, national and ethnic origin, or gender in the administration of its educational policies, admissions policies, financial aid programs, or athletic and other school programs.

Emergency Information

Emergency Contact #1: _____

Phone Number: _____ Permission to Pick Child up from School? Y N

Emergency Contact #2: _____

Phone Number: _____ Permission to Pick Child up from School? Y N

Emergency Contact #3: _____

Phone Number: _____ Permission to Pick Child up from School? Y N

Health/Medical Information

If my child[ren] is/are in need of medical assistance, I/we prefer Al Manara Academy to take him/her to the following hospital: _____

Child[ren]'s primary care physician's contact information:

Doctor's Name:

Phone Number:

List any Allergies:

List any Medical Conditions:

I hereby give Al Manara Academy administration the permission to give my child[ren] the following medication, if necessary, under their direction:

Children's Tylenol (or generic equivalent)

Children's Ibuprofen (or generic equivalent)

Children's Benadryl (or generic equivalent)

Visine Allergy

Visine (regular)

Children's Mylanta



Immunization Information

Please consult your child[ren]'s primary care provider and see if your child[ren] is/are fully immunized by his/her age.

You must submit a copy of each child's most recent immunization record with this application. If you fail to do so, Al Manara Academy will not process your child's registration.

The Missouri Department of Health requires that schools keep track of immunizations and the Al Manara Academy administration is required by law to make sure your child is up to date on receiving his/her immunizations.

I agree Parent Signature: _____ Date: _____

School District Information

What school district do you live in? _____

Example: Parkway School District or Mehlville School District (If you are unsure of the name of the school district that you live in please visit

<http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=addr&refresh=t> and enter your address. It will tell you which school district you live in).

What school near your home would your child attend if they were in public school? (Please list the name of the school, not the district): _____

Hifz Program

Is/are your child[ren] going to be enrolled in the Hifz program?

No

Yes (\$100/month per child)

If yes, please list the names of the child[ren] who will be enrolled:

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TUITION FEES FOR 2020-21: ALL grades (PK3 through 8th) \$4,500 per year

Hifz program add \$100 per month (Students must have a 3.2 GPA to qualify and must be able to read Quran independently.) NO FINANCIAL AID FOR HIFZ PROGRAM

DISCOUNTS: If paying FULL tuition and not receiving financial aid. There is a siblings discount. - 2nd Child 10% off and 3rd Child 15% off

Enrollment Agreement

Upon the agreement of the other party to the terms of this contract, Al Manara Academy shall enroll my child as a student in the school for the 2020-2021 academic school year and provide him/her with the suitable educational program and services as prescribed for his/her level. I agree to the following:

1. Abide with all the policies, rules, and regulations of Al Manara Academy including but not limited to the Parent Student Handbook, all Curriculum Guides, and the Discipline Policy (copies available on the school website).
2. Provide the school with all the necessary documents that are listed in the admission policy.
3. Fulfill all the financial obligations on time.
4. Pay for textbooks, tuition fees and other dues on time.
5. **Al-Manara Academy is authorized to initiate electronic debits to my checking account for tuition payments.** Tuition fees could be also collected by parent's credit card information kept on file.
6. If the tuition is not paid on time, the parent understands that Al Manara Academy has the right to withhold the school records of my child. The records will not be released to any school until all fees are paid in full.
7. **Accounts in arrears may result in termination of service with a two week grace period; however, upon payment, enrolment may be reinstated with applicable paid tuition and registration fee.**
8. Al Manara Academy holds legal rights to contract a collection agency if the tuition is not paid.
9. Provide completed immunization records. Without these records, my child will not be able to attend school.
10. If I disagree at all with any policy or curriculum matter, I understand I must submit my concerns in writing and go through the proper channels with my concerns as outlined in the Parent/Student Handbook.
11. I agree not to show any form of disrespect towards the faculty, staff or administration of Al Manara Academy (i.e. yelling, aggressive physical contact, slandering, backbiting, etc.).
12. I agree not to discuss anything about Al Manara Academy via email, Facebook, twitter, SnapChat, TikTok, Instagram or verbal conversation in any way that may, intentionally or unintentionally, cause reputational harm to the school or any of its faculty.
13. Al Manara Academy has no legal obligations toward my child before and after school.
14. I understand that my child(ren)'s babysitter and I are held responsible before and after school hours. **(Please see dismissal agreement below).**
15. I have read the Al Manara Academy Parent Student Handbook (available on the website) and my child and I fully understand the contents of the discipline policy and are willing to abide by it.

I agree

Parent Signature: _____

Date: _____



Enrollment Agreement Statement

I, the parent/guardian of this student/applicant agree to the terms of this contract. I realize that my child will be denied the privileges and the services offered by the Al Manara Academy if I fail to honor this contract. I have also read and understand the financial policy of the school.

I agree

Dismissal Agreement

I, the parent/guardian of this student/applicant agree to pick up my child by 2:15 Monday-Friday. The school, which includes all the faculty and staff, will not be responsible for my child(ren) after 2:15pm. *

I agree

Tuition Agreement

Tuition fees is divided into 8 or 10 monthly payments. The first tuition fees instalment must be made to the Al Manara Academy office by July 20, 2020. The monthly tuition payments will be set by AMA and collected via Automatic Withdrawals (ACH) or filed credit card. A separate payments form should be completed and submitted together with this Application. Late charges may apply if the payment is received after due date or my ACH payment returned.

I agree

My signature below indicates I have read, understand, agree to, and will follow all of the policies of Al Manara Academy.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

See registration checklist below

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Registration Checklist:

Required Documents/Fee

1. EduBloom's Registration Form
2. Supplemental Registration & Agreement Form
3. Check-O-Matic ACH Tuition Form & Copy of Parents' Photo IDs
4. Pay \$300 non-refundable book fee
5. Provide a copy of your child[ren]'s immunization records
6. Provide a copy of your child[ren]'s birth certificate

If you are wanting Financial Assistance please also fill out

7. Submit a Financial Aid Application (the Check-O-Matic ACH Tuition form is included)
8. Pay \$50 non-refundable Financial Aid Application fee
9. Provide a copy of your 2019 federal income tax form and W2 or 1099 form
10. Provide copies of your last 2 paystubs
11. Provide copies of your bank statements (2 months)
12. Provide a copy of your submitted application for Missouri Child Care Subsidy (if applicable)
13. If unemployed, please provide an unemployment certificate

If you have any questions please email: Office@almanarastl.org