



Quran Explorer Registration Form

Please fill out the following information

Name (You): _____
First *last*

Spouse Name: _____
First *last*

Children's Names and Ages

Child 1: _____	Age/Grade: _____
Child 2: _____	Age/Grade: _____
Child 3: _____	Age/Grade: _____
Child 4: _____	Age/Grade: _____

Address

City *State* *Zip Code*

Cell phone: (____) _____ Alternative phone: (____) _____

Emergency Contact

Name: _____ Relationship to you: _____
Address: _____ Phone Number: _____

Cost:

- \$70 per child per month. \$10 discount per each additional child (min fee \$50/child)
- fees due at the beginning of the month.
- Payment: check written to MAS MN or pay online at www.masmn.org
- Books provided
- Pencil/pens are responsibly of the family
- Please come inside to pick up child
- Your child will be discharged from class to parent or agreed upon person between MAS MN/SMIC representative and parent.

-Parents are welcome to observe the class. The teacher may ask for your assistance if need arises.

Allergies and Medical Conditions

Please let us know if you or any one in your family has any allergies or medical conditions we need to know about:

I, the undersigned, hereby assume all of the risks and hazards incidental to the conduct of said activity insofar as it relates to my family. I hereby release SMIC/MAS MN, its employees, directors, agents, activity leaders, instructors, assistants and volunteers and any or all of them from any damage and/or liability arising out of or in connection with the participation of my family in said activity. In the event of injury to my child or to myself or to my family, I assume responsibility therefore, and hereby waive any and all claims for damages. I am voluntarily signing my consent for myself and my entire family.

Printed Name

Signature

Date

Quran Explorer Site Address: SMIC 15400 South Robert Trail, Rosemount, MN

For more information please, email: Info@SouthMetroIC.org