معهد دار القرآن والسنة

DAR AL- QUR'AN WA-SUNNAH INSTITUTE

Address: 2805 Foster Ave, Suite 207, Nashville, TN 37210
Phone: (615) 705-8988

REGISTRATION FORM FOR D.A.W.I. DUGSI: 2025-2026

Parent Information: Please fill in all required fields

Father's Name: _____ _____ _____
First name M.I. Last name

Mother's Name: _____ _____ _____
First name M.I. Last name

Address: _____
Street City State Zip

Father's Cell Phone:_____ **Mother's** Cell Phone:_____

Student Information:

1. _____ _____ _____ _____
First Name M.I. Last Name D.O.B.
Five days ( ) Three Days( ) Two days( ) Teacher's / Class Name

2. _____ _____ _____ _____
First Name M.I. Last Name D.O.B.
Five days ( ) Three Days( ) Two days( ) Teacher's / Class Name

3. _____ _____ _____ _____
First Name M.I. Last Name D.O.B.
Five days ( ) Three Days( ) Two days( ) Teacher's / Class Name

5. _____ _____ _____ _____

First Name M.I. Last Name D.O.B.

Five days ( ) Three Days( ) Two days( ) Teacher's / Class Name

6. _____ _____ _____ _____

First Name M.I. Last Name D.O.B.

Five days ( ) Three Days( ) Two days( ) Teacher's / Class Name

7. _____ _____ _____ _____

First Name M.I. Last Name D.O.B.

Five days ( ) Three Days( ) Two days( ) Teacher's / Class Name

8. _____ _____ _____ _____

First Name M.I. Last Name D.O.B.

Five days ( ) Three Days( ) Two days( ) Teacher's / Class Name

Emergency Contact:

Name:_____ **Relationship:**_____ **Phone:**_____

Please list any healthy issue or problems:

_____

_____

RELEASE FROM LIABILITY

I, _____, on behalf of myself, my child (ren) who are listed above, I RELEASE AND HOLD HARMLESS AT **Dar Al-Quran Wa-Sunnah Institute (DAWI)** FOR ANY Loss or damage to person or property, except in the case of gross negligence and/or intentional misconduct.

Parent or Legal Guardian's Signature	**Relationship to Child**	**Date**
Director, DAWI	**Signature of DAWI**	**Date**