



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 \_\_\_\_\_

4. \_\_\_\_\_

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 \_\_\_\_\_

Please see the next page!

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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

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