

Email:	Any Known Health Concerns/ Allergies:
Emergency Contact Name:	Third Child Full Name:
Emergency Contact Phone No:	Age: Male/ Female Care Card No: Any Known Health Concerns/ Allergies:
Family Doctor's Name:	Fourth Child Full Name:
Family Doctor's Phone No:	Age: Male/ Female Care Card No: Any Known Health Concerns/ Allergies:

Important Notes

1. **Admission will be on a first come first serve basis.** Quran reading skills of the child will be assessed. Mandatory participation in the Arabic Support program is required for students not meeting their grade level skills with an **additional cost of \$20 per month.**
2. **ALL classes** will be held at the masjid subject to change to online **as per Public Health Orders.**
3. **Fee is nonrefundable. Fee is not waived for absence or Vacation time** taken by the Students. As long as the Students are registered, fees and arrears must be paid.
4. **Please proceed to pay using Paypal:**
 - **Registration fee** (\$5 a child):
https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=JAU5QZXP2S QW
 - **Monthly fees:** <https://org.thebcma.com/home/donations/Burnaby>
 - **Books:**
https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=JAU5QZXP2S QW

Liability Waiver

I hereby understand that the information collected here will be used solely for the weekend Islamic school administration purpose. I also understand that the teachers and the BCMA are not liable for any injury to my child/children during the school hours. I am fully responsible for any damage that my child/children may cause to the Masjid property or others. I am also responsible for the timely drop off and pick up from the school. I am responsible to inform the school the name of the person who will drop off/pick up the child to/from the school.

Signature: _____ Date: _____